



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

04/15/2008

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYD980592562

INSTALLATION NAME: REVIEW AVENUE DEVELOPMENT II

INSTALLATION ADDRESS : 37-80 REVIEW AVE
LONG ISLAND CITY, NY 11101

MAILING ADDRESS : 380 LEXINGTON AVE ROOM 2020
NEW YORK, NY 10168

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437

TO: REVIEW AVENUE DEVELOPMENT II
or Current Occupant
ATTN: DAVID KUSHNER
380 LEXINGTON AVE ROOM 2020
NEW YORK, NY, 10168

SEND COMPLETED**FORM TO:**The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM**1. Reason for
Submittal
(See instructions
on page 9)**MARK ALL BOX(ES)
THAT APPLY**Reason for Submittal:**

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report

**2. Site EPA ID
Number (page 10)****EPA ID Number**

N Y D 9 8 0 5 9 2 5 6 2

**3. Site Name
(page 10)**

Name: Review Avenue Development II

**4. Site Location
Information
(page 10)****Street Address:** 37-80 Review Avenue**City, Town, or Village:** Long Island City**State:** NY**County Name:** Queens**Zip Code:** 11101**5. Site Land Type
(page 10)****Site Land Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American
Industry
Classification
System (NAICS)
Code(s) for the Site
(page 10)****A.**

562910

B.**C.****D.****7. Site Mailing
Address
(page 11)****Street or P. O. Box:** 380 Lexington Avenue, Room 2020**City, Town, or Village:** New York**State:** NY**Country:** United States**Zip Code:** 10168**8. Site Contact
Person
(page 11)****First Name:** David**MI:** M.**Last Name:** Kushner**Phone Number:** (212) 661-0858**Extension:****E-mail address:** kush@paradigmcf.com**9. Operator and
Legal Owner
of the Site
(pages 11 and 12)****A. Name of Site's Operator:** Quanta Resources Corp***Date Became Operator (mm/dd/yyyy):**
08/01/1980**Operator Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**B. Name of Site's Legal Owner:**

37-80 Review, LLC

Date Became Owner (mm/dd/yyyy):

06/28/2005

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

* Last Known Operator

9. Legal Owner (Continued) Address	Street or P. O. Box: 380 Lexington Avenue, Ste 2020	
	City, Town, or Village: New York	
	State: NY	
	Country: United States	Zip Code: 10168

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator**Y ☐ N ☒ 2. Transporter of Hazardous Waste****Y ☐ N ☒ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note:
A hazardous waste permit is required for this activity.**Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)****Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark each that applies.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒ 6. Underground Injection Control**B. Universal Waste Activities**

- Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:**

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.

- ☐ a. Transporter
- ☐ b. Transfer Facility

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner**Y ☐ N ☒ 4. Used Oil Fuel Marketer**

If "Yes", mark each that applies.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 17.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

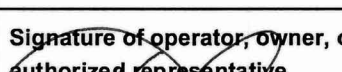
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 17.)

[illegible]

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(See instructions on page 17.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	David Kushner Managing Member	02/25/2008

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: September 8, 2009 - 11:32 AM

Version 4.0

User Selection Criteria

Location:	New York, all activities	Activity Location:	None Chosen
Handler ID:	NYD980592562	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 09/08/2009		
Location County Code:		Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:			
Sort Order:	Region, State, Handler Name		
Display Code Descrip.:	Yes		

Results

Data meeting the criteria you selected follows.

Total Pages:4 Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name:	CMEFOIA.RDF
Developed by:	EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed:	June 2006
Last Updated:	April 2008
Contact:	rcrainfo.help@epa.gov
Tables Used:	cmecomp3, ccitation3, hreport_univ4, lu_citation, lu_state, hid_groups
Libraries:	none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: September 8, 2009 - 11:32 AM

Page 2

REVIEW AVENUE DEVELOPMENT II

County Name / Code: QUEENS / NY081

NYD980592562

Location: 37-80 REVIEW AVE; LONG ISLAND CITY, NY 11101

REGION 02

Mailing: 380 LEXINGTON AVE ROOM 2020; NEW YORK, NY 10168

Activity Location: NY	State District: NYSDEC R2	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: Y
Generator: SQG	Transporter: N	Operating TSDF: ----	IC In Place: N	El Indicator (HE / GW): N / N	
Full Enforcement: ----	Converter: ----	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wrkld: N	State TSDF: ----	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

Evaluations With No Violations:

CEI Evaluation 04/20/1987	Activity Location: NY	By: State	Identifier: 001	Person: NYDEC	Branch:	Found Violation: NO
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:

Total Number of Handlers: 1
Total Number of Activity Locations: 1

* End of Report *

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: September 8, 2009 - 11:32 AM

Page 3

Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: September 8, 2009 - 11:32 AM

Page 4

Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE

* Note: Penalty amount may not reflect all violations cited.



Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/12/2007

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NYD980592562
INSTALLATION NAME:	REVIEW AVENUE DEVELOPMENT II
INSTALLATION ADDRESS :	37-80 REVIEW AVE LONG ISLAND CITY, NY 11101
MAILING ADDRESS :	24 COMMERCE ST SUITE 430 NEWARK, NJ 07102

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056

TO: REVIEW AVENUE DEVELOPMENT II
or Current Occupant
ATTN: ROBERT STETKAR
24 COMMERCE ST SUITE 430
NEWARK, NJ 07102

**SEND COMPLETED
FORM TO:**The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM**1. Reason for
Submittal
(See instructions
on page 13.)**MARK ALL BOX(ES)
THAT APPLY**Reason for Submittal:**To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste,
universal waste, or used oil activities)☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)

As a component of a First RCRA Hazardous Waste Part A Permit Application

As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)

As a component of the Hazardous Waste Report

**2. Site EPA ID
Number (page 14)****EPA ID Number**

I_N_I_Y_I_D_I_9_I_8_I_0_I_5_I_9_I_2_I_5_I_6_I_2_I

**3. Site Name
(page 14)****Name:** Review Avenue Development II**4. Site Location
Information
(page 14)****Street Address:** 37-80 Review Avenue**City, Town, or Village:** Long Island City**State:** NY**County Name:** Queens**Zip Code:** 11101**5. Site Land Type
(page 14)****Site Land Type:** ☒ Private County District Federal Indian Municipal State Other**6. North American
Industry
Classification
System (NAICS)
Code(s) for the
Site (page 14)****A.**

I_5_I_6_I_2_I_9_I_1_I_0_I

B.

I_I_I_I_I_I_I_I

C.

I_I_I_I_I_I_I_I

D.

I_I_I_I_I_I_I_I

**7. Site Mailing
Address
(page 15)****Street or P. O. Box:** 24 Commerce Street, Suite 430**City, Town, or Village:** Newark**State:** NJ**Country:** United States**Zip Code:** 07102**8. Site Contact
Person
(page 15)****First Name:** Robert**MI:** E**Last Name:** Stetkar**Phone Number:** 973-621-0777**Extension:****Email address:** rstetkar@golder.com**9. Operator and
Legal Owner
of the Site
(pages 15 and 16)****A. Name of Site's Operator:** Quanta Resources Corp.
(last known operator)**Date Became Operator (mm/dd/yyyy):** 08/01/1980**Operator Type:** ☒ Private County District Federal Indian Municipal State Other**B. Name of Site's Legal Owner:** 37-80 Review, LLC**Date Became Owner (mm/dd/yyyy):** 6/28/2005**Owner Type:** ☒ Private County District Federal Indian Municipal State Other

9. Legal Owner (Continued) Address	Street or P. O. Box: 380 Lexington Avenue, Suite 2020	
	City, Town, or Village: New York	
	State: NY	
	Country: United States	Zip Code: 10168

10. Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)															
A. Hazardous Waste Activities Complete all parts for 1 through 6.															
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1. Generator of Hazardous Waste If "Yes", choose only one of the following - a, b, or c. <input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or <input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or <input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste In addition, indicate other generator activities. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> d. United States Importer of Hazardous Waste <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 2. Transporter of Hazardous Waste <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies. <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, and Refining <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 6. Underground Injection Control														
Universal Waste Activities															
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal mark all boxes that apply: <div style="text-align: right; margin-right: 20px;"><u>Manage</u></div> <table style="width: 100%;"><tr><td>a. Batteries</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>b. Pesticides</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>c. Mercury containing equipment</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>d. Lamps</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>e. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>f. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>g. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr></table> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity	a. Batteries	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	c. Mercury containing equipment	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	e. Other (specify) _____	<input type="checkbox"/>	f. Other (specify) _____	<input type="checkbox"/>	g. Other (specify) _____	<input type="checkbox"/>	C. Used Oil Activities Mark all boxes that apply. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1. Used Oil Transporter If "Yes", mark each that applies. <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 2. Used Oil Processor and/or Re-refiner If "Yes", mark each that applies. <input type="checkbox"/> a. Processor <input type="checkbox"/> b. Re-refiner <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 3. Off-Specification Used Oil Burner <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 4. Used Oil Fuel Marketer If "Yes", mark each that applies. <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
a. Batteries	<input type="checkbox"/>														
b. Pesticides	<input type="checkbox"/>														
c. Mercury containing equipment	<input type="checkbox"/>														
d. Lamps	<input type="checkbox"/>														
e. Other (specify) _____	<input type="checkbox"/>														
f. Other (specify) _____	<input type="checkbox"/>														
g. Other (specify) _____	<input type="checkbox"/>														

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D004	D007	D008	D018	D027	D039	D040


B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

B007						

12. Comments (See instructions on page 21.)

9.A. - Quanta Resources Corp. is the last known operator. Remedial activities are presently being conducted under a Brownfield Cleanup Agreement with NYSDEC (BCA #241005). The property remains a Class 2 Inactive Hazardous Waste Site.

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Robert E. Stetkar Agent for Quanta Resources Group / Last Known operator	10/25/2006

Golder Associates Inc.

The Federal Trust Building
24 Commerce Street, Suite 430, 4th Floor
Newark, NJ 07102
Telephone (973) 621-0777
Fax (973) 621-7725
www.golder.com



2006 OCT 26 PM 4:08

October 25, 2006

Project No.: 023-6151
via FedEx

U.S. EPA Region 2
Director of Environmental Planning and Protection
RCRA Programs Branch, 22nd Floor
290 Broadway
New York, NY 10007-1866

Attn: Mr. Jack Hoyt

RE: UPDATE TO RCRA ID SITE INFORMATION FOR ID # NYD980592562

Dear Mr. Hoyt:

Enclosed is a RCRA Subtitle C Site Identification Form (Form 8700-12) for the Review Avenue Development II Site in Long Island City. Golder is submitting this form on behalf of our client in order to update the site information. Please contact the undersigned at (973)-621-0777 if you have any questions regarding this submission.

Very truly yours,

GOLDER ASSOCIATES INC.

A handwritten signature in blue ink, appearing to read "Robert E. Stetkar", is written over a horizontal line.

Robert E. Stetkar, PE
Principal

cc: Rich Kampf – ELM on behalf of QSAG

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS. If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

NYT3700-1040721

801024

I. NAME OF INSTALLATION

Quanta Resources Corporation

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 One River Road

CITY OR TOWN

ST.

ZIP CODE

Edgewater

NJ

07020

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

37-80 Review Avenue

CITY OR TOWN

ST.

ZIP CODE

Queens

NY

11101

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

DiLiberio, Ramsey President

201-941-2020

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

Quanta Resources Corporation

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☐ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.) See Note 1 Attached.

☐ 1. IGNITABLE (D001)

☐ 2. CORROSIVE (D002)

☐ 3. REACTIVE (D003)

☒ 4. TOXIC (Possibly) (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Ramsey DiLibero, President

Oct. 17, 1980

af

DATE RETURNED _____

REASON _____

ACKNOWLEDGEMENT SENT ☐

INTERNAL CHECKLIST

ID # NYT370010407

1. Interim Regulatory Requirements

*comp
SIC
Lat/Long*
A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

(1) NON-ACDIFIER ☐
D. (2) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐

E. (1) FORM 1, VIII B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. { A. HANDLER ☐

B. NONREGULATED ☐

C. UNSURE ☐

D. UNKNOWN FACILITY ☐
(missing name and address on Form 3)

E. NEW FACILITY > NOV. 19, 1980 ☐

F. CORE ITEM(S) MISSING ☐

G. NON-CORE ITEM(S) MISSING ☐

H. OTHER ☐

MISSING :

MAP ☐

DRAWING ☐

PHOTO ☐

AOK

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
III. FACILITY NAME QUANTA RESOURCES CORP.		I. EPA I.D. NUMBER NYT 370010407		F	
V. FACILITY MAILING ADDRESS 1 RIVER ROAD EDGEWATER, N.J. 07020		VI. FACILITY LOCATION 37-80 REVIEW AVENUE LONG ISLAND CITY, N.Y. 11101		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X' FORM ATTACHED		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY					
1 SKIP QUANTA RESOURCES CORP.					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 EUGENE PRASHKER CHMN OF BOARD			201 941 2020		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 1 RIVER ROAD					
B. CITY OR TOWN				C. STATE	D. ZIP CODE
4 EDGEWATER				NJ	07020
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 37-80 REVIEW AVENUE					
B. COUNTY NAME					
QUEENS					
C. CITY OR TOWN				D. STATE	E. ZIP CODE
6 LONG ISLAND CITY				NY	11101
F. COUNTY CODE (if known)					

VII. SIC CODES (4-digit, in order of priority)

VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)				D. PHONE (area code & no.)			
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)	C	2	0	1
S = STATE	O = OTHER (specify)			A	9	4	1
P = PRIVATE					2	0	2

F. CITY OR TOWN															G. STATE		H. ZIP CODE		IX. INDIAN LAND		
C																					
B	EDGEWATER															NJ		07020		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15	16														40	41	42	47	51	52	

X. EXISTING ENVIRONMENTAL PERMITS	
-----------------------------------	--

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)											
C	T	I								C	T	I									
9	N		NONE KNOWN							9	P										
15	16	17	18	-						30	15	16	17	18	-						30

B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
C	T	I				C	T	I			
9	U					9					
15	16	17	18		30	15	16	17	18		30

C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	T	I								C	T	I							
9	R									9									(specify)
15	16	17	18							15	16	17	18						

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

CRANKCASE OILS ARE DELIVERED TO ONE OF TWO TANKS (30,000 GAL AND 50,000 GAL). THE DELIVERIES ARE SAMPLED AND MATERIAL IS THEN TRANSFERRED TO QUANTA'S EDGEWATER PLANT. ALL OTHER TANKS SHOWN ON ATTACHED SKETCH ARE INACTIVE. THEY HAVE OR WILL SHORTLY BE CLEANED AND SEALED. THIS FACILITY IS CURRENTLY USED FOR STAGING PURPOSES ONLY. AN INVENTORY OF INACTIVE TANKS AND THEIR CONTENTS IS ENCLOSED.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Mr. E. Prashker, Chmn. of Board		11/18/50

COMMENTS FOR OFFICIAL USE ONLY

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER														
			F 0 4 7 3 7 0 0 1 0 4 0 7 3 1														

FOR OFFICIAL USE ONLY										COMMENTS
APPLICATION APPROVED					DATE RECEIVED (yr., mo., & day)					
23					24					

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)														
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)														
<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)														
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)														
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN														
B. REVISED APPLICATION (place an "X" below and complete Item I above)														
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS														
<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT														

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT		
	S04	GALLONS OR LITERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
Disposal:				T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S															T/A C														
C															1														
1 2															13 14 15														
B. PROCESS DESIGN CAPACITY															B. PROCESS DESIGN CAPACITY														
1. AMOUNT (specify)															1. AMOUNT														
2. UNIT OF MEASURE (enter code)															2. UNIT OF MEASURE (enter code)														
FOR OFFICIAL USE ONLY															FOR OFFICIAL USE ONLY														
X-1 S 0 2 600 G															5														
X-2 T 0 3 20 E															6														
1 S 0 2 80,000 G															7														
2															8														
3															9														
4															10														

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
 POUNDS P
 TONS T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS K
 METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (If a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

[illegible]

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

F61A
55F61A
56

EPA I.D. NO. (enter from page 1)

E	F	N	4	T	3	7	0	0	1	0	4	0	7	3	6	
														T/A	C	
														10	11	12

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

65	04	07	05	00	01
----	----	----	----	----	----

LONGITUDE (degrees, minutes, & seconds)

72	04	24	19	56	00
----	----	----	----	----	----

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E																	
15	16											55	56	57	58	59	60

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F																
17	18											40	41	42	43	44

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Mr. E. Prashker

B. SIGNATURE



C. DATE SIGNED

11/18/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Mr. E. Prashker

B. SIGNATURE



C. DATE SIGNED

11/18/80

NYT 370010407

V. FACILITY DRAWING (see page 4)

SEE ATTACHED DRAWING

LABELED:

QUANTA RESOURCES CORP.
LONG ISLAND CITY
NEW YORK PLANT

NEWTON CREEK

N

LONG ISLAND RAILROAD COMPANY

182'

QUANTA
RESOURCES
CORPORATION
LONG ISLAND CITY,
N.Y. PLANT

11-17-80

SCALE: 1" = 60' - 0"

PROPERTY BOUNDARY
LINE: - - - - -

393'

383'

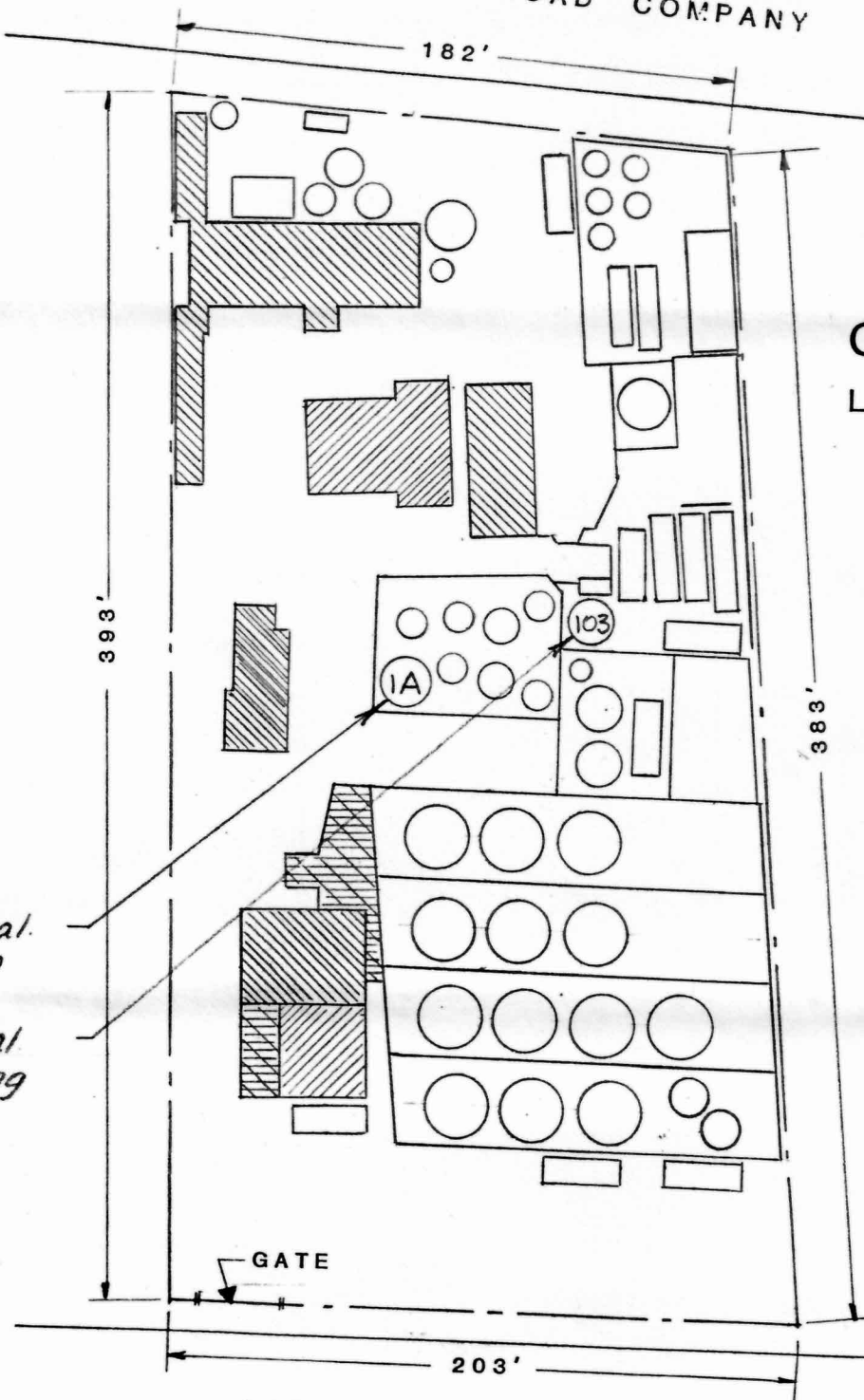
50,000 gal.
staging

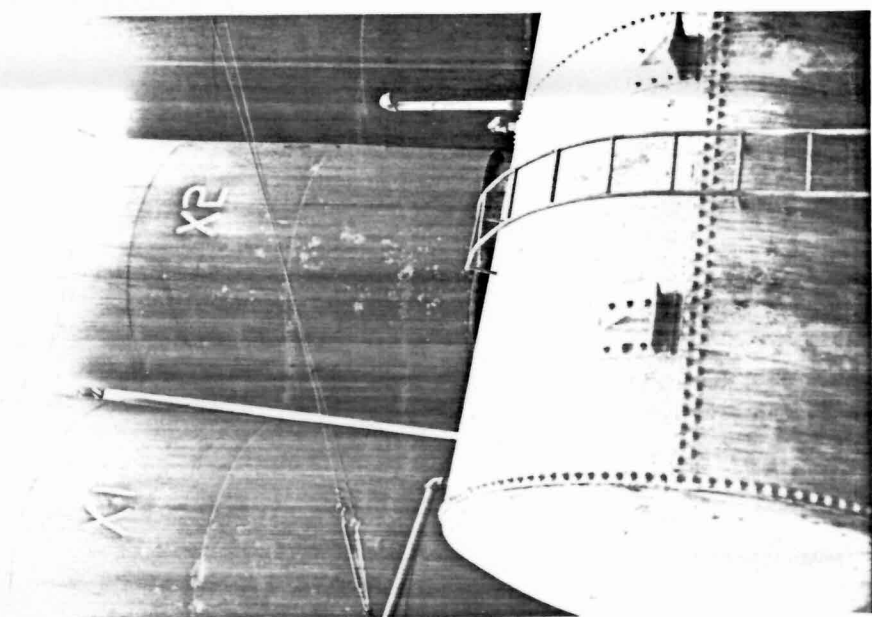
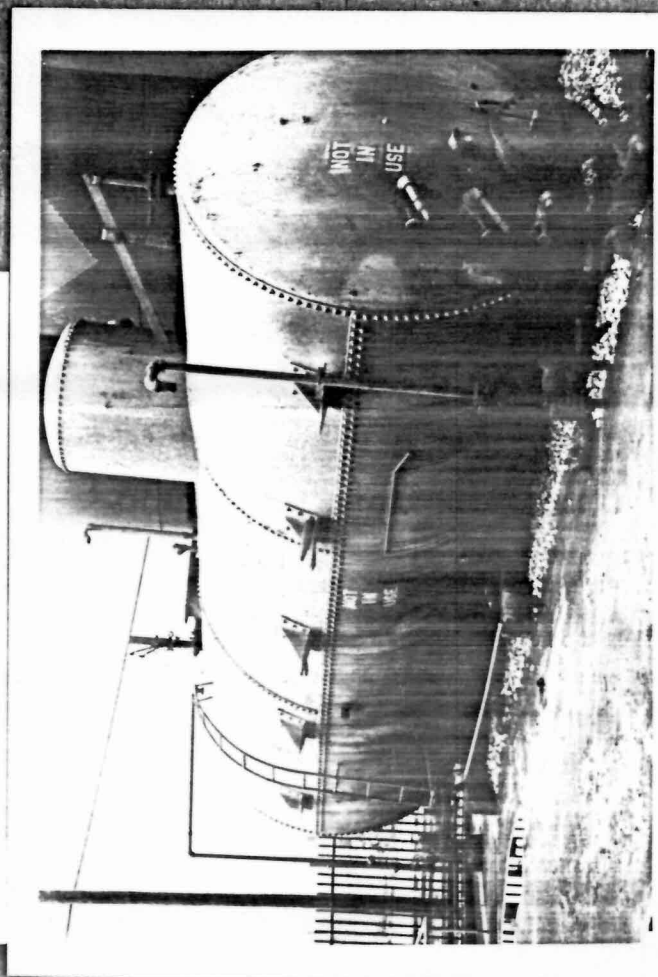
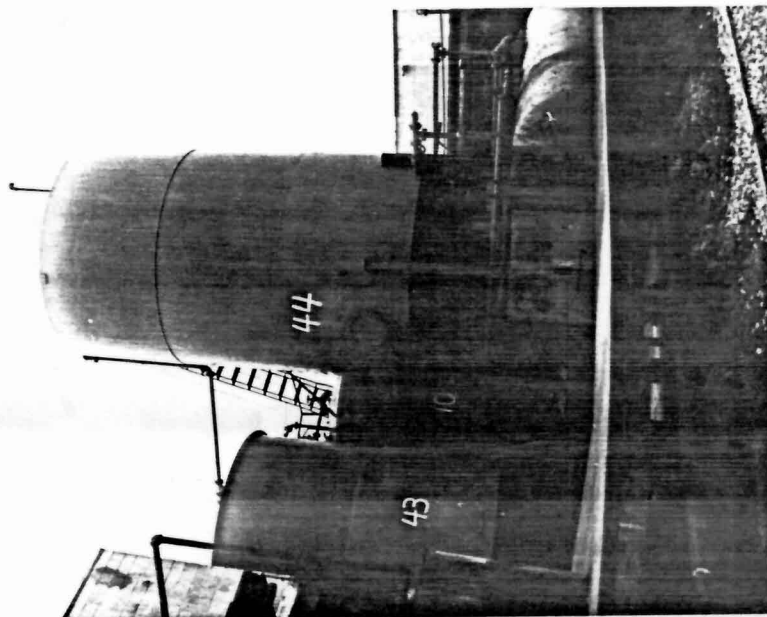
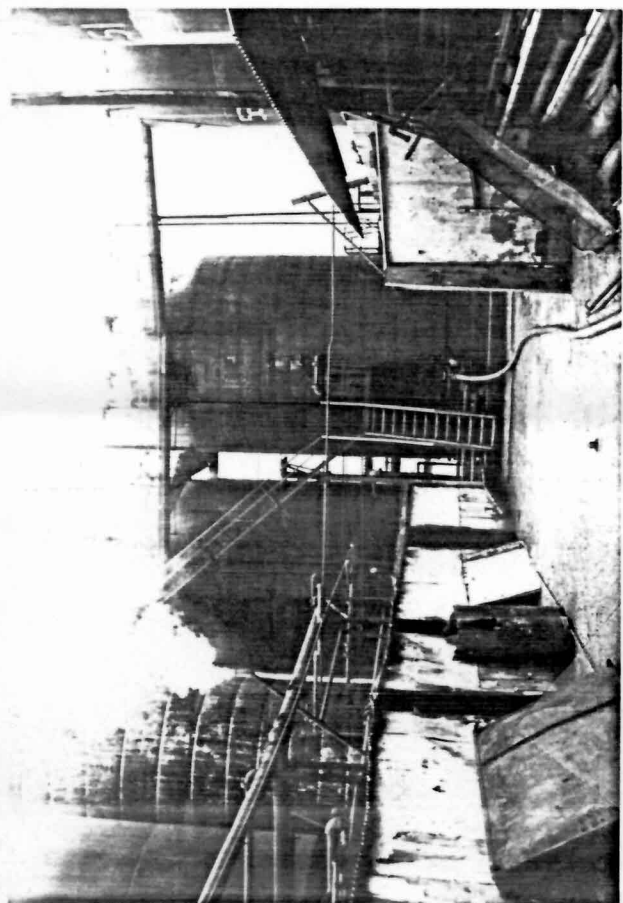
30,000 gal.
staging

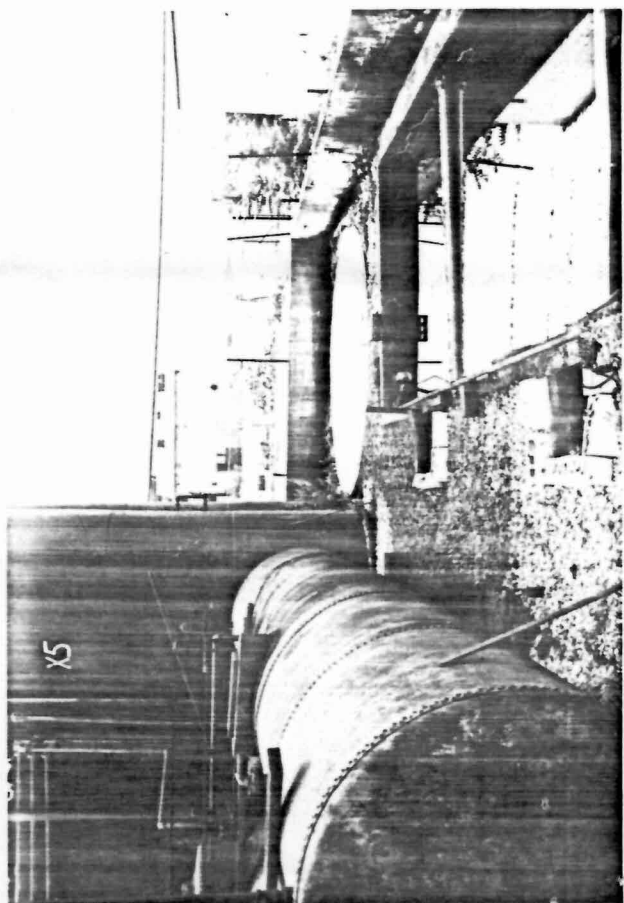
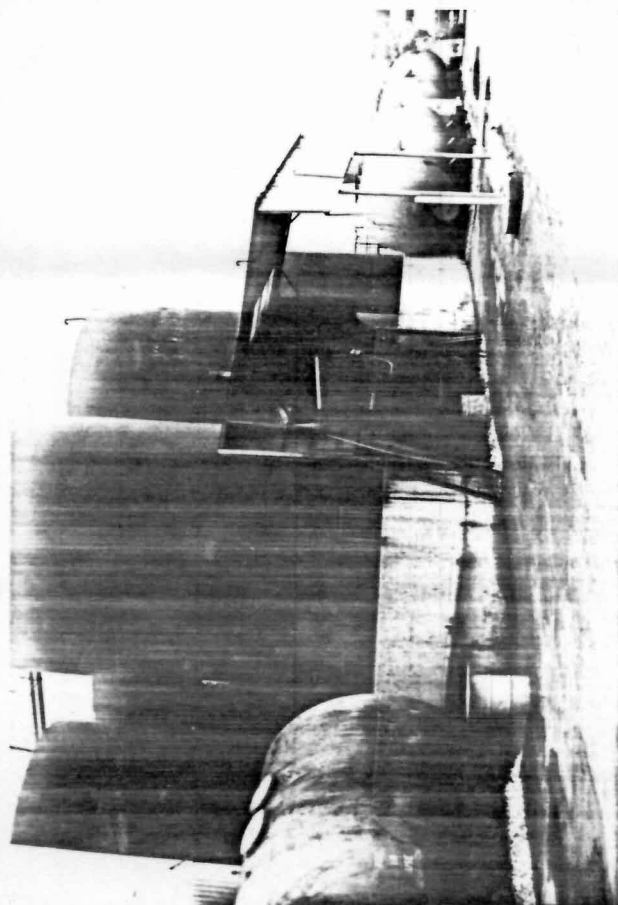
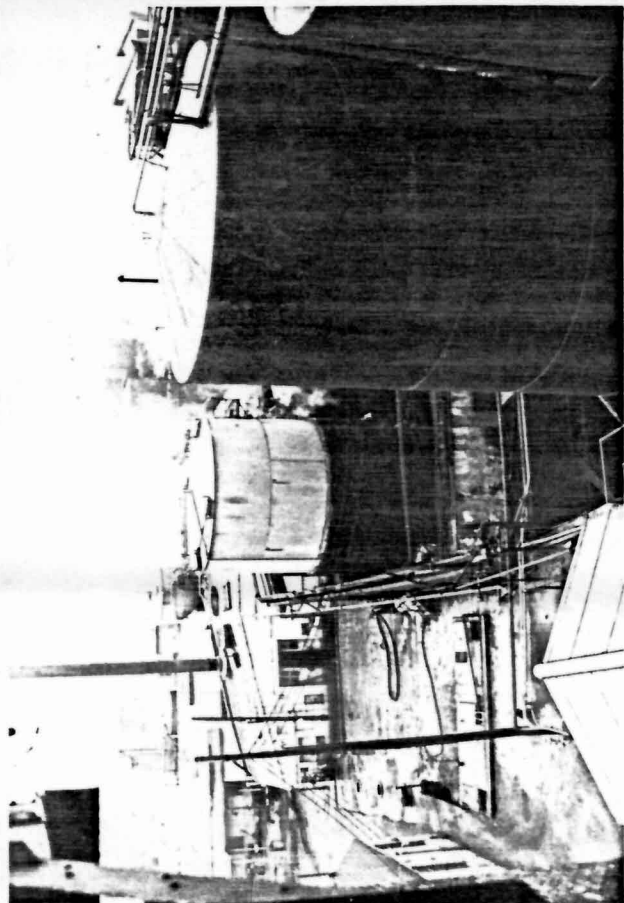
GATE

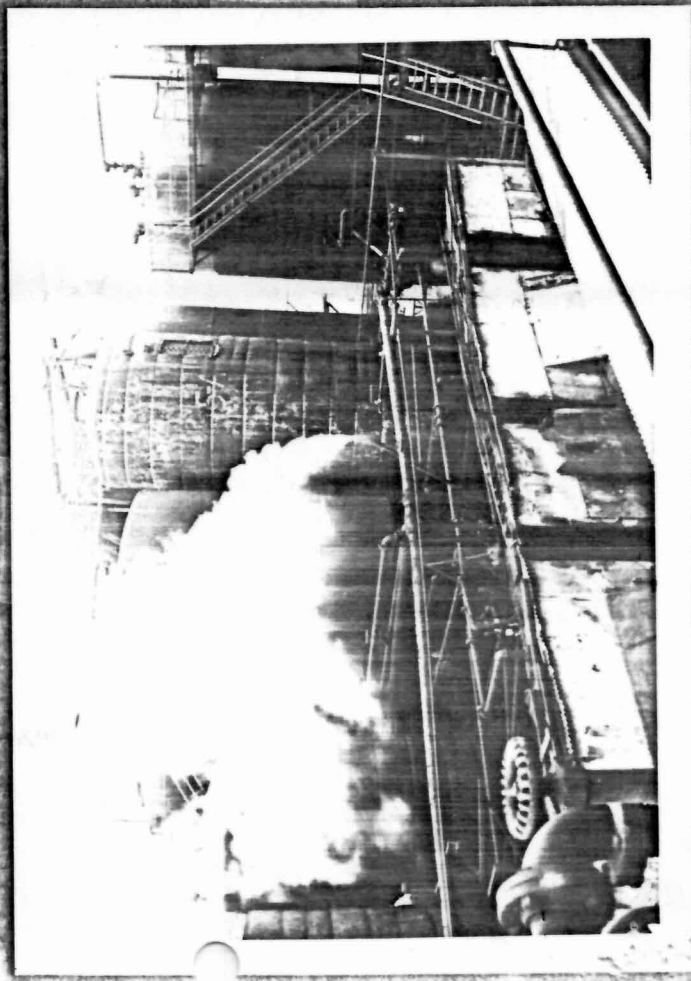
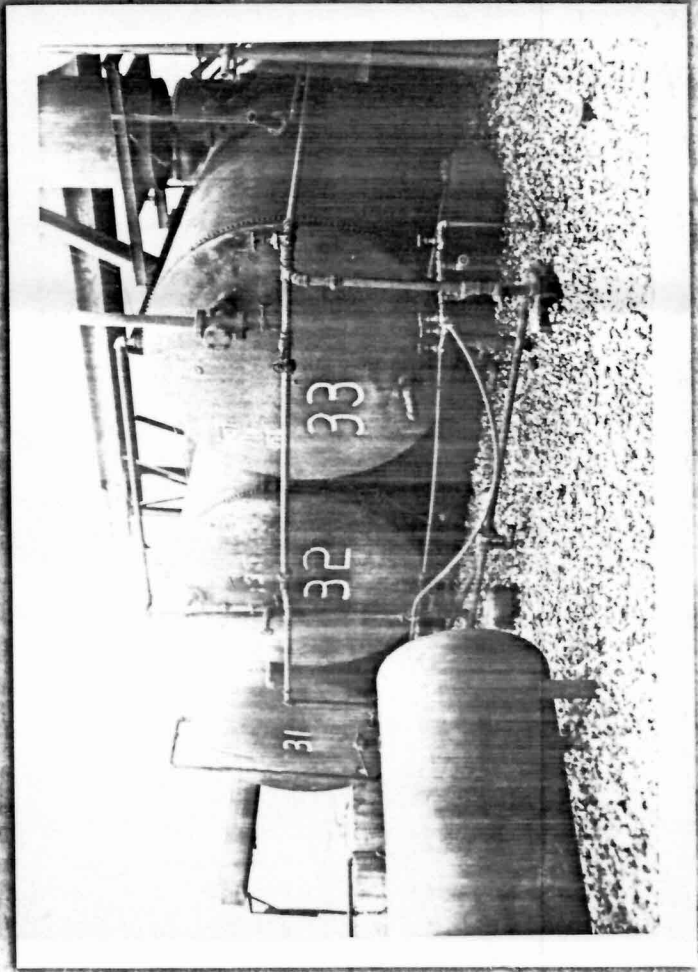
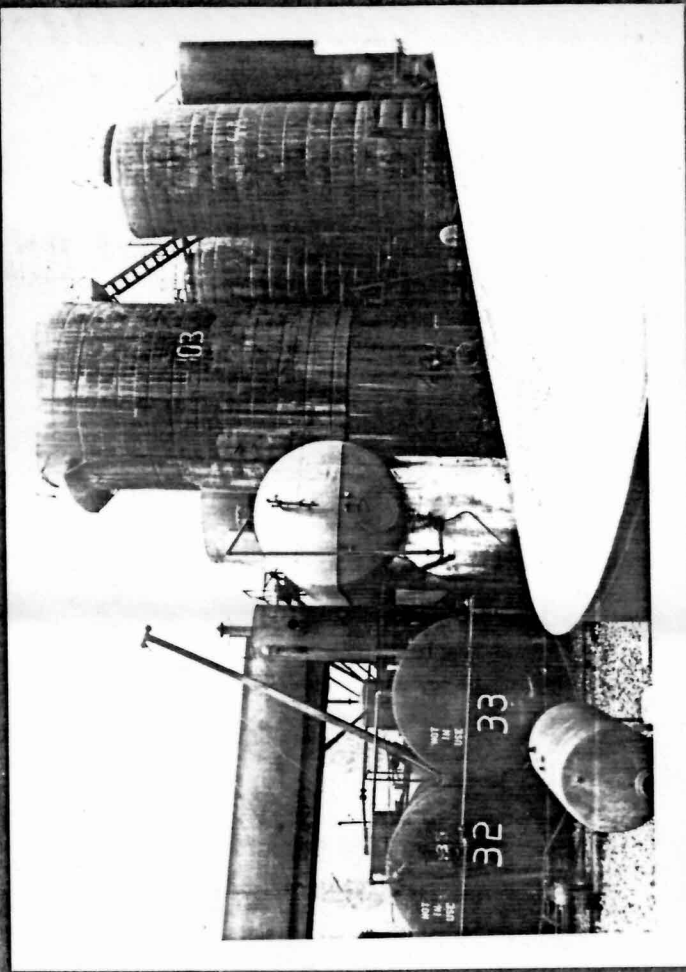
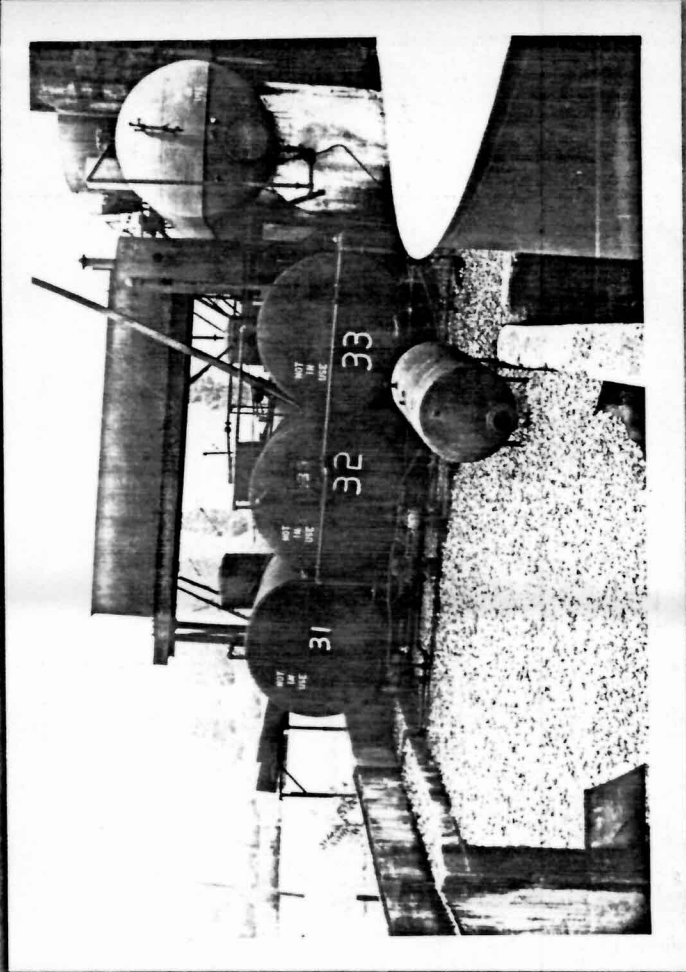
203'

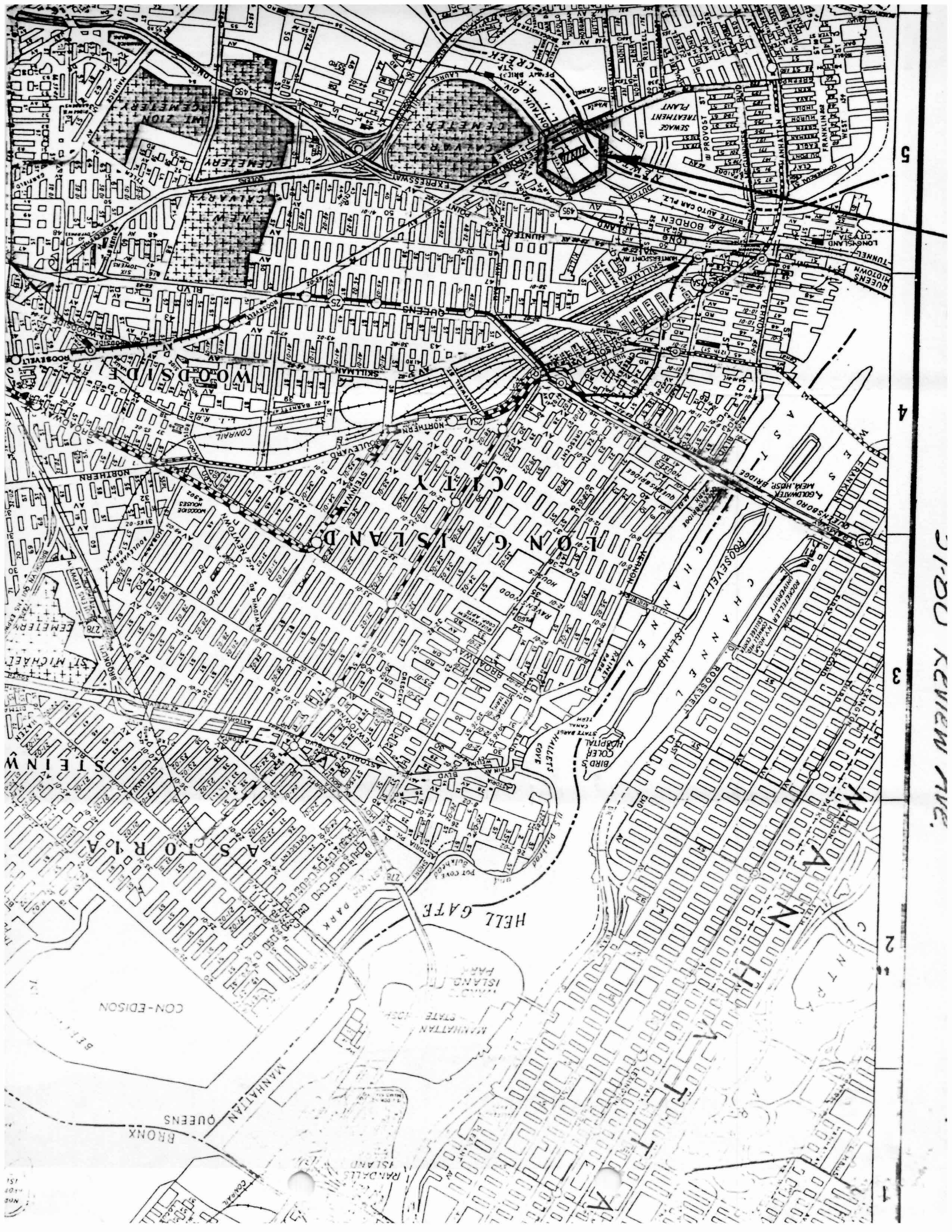
REVIEW AVENUE











UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW JERSEY

In the Matter of:

) Case No. 81-05967

QUANTA RESOURCES CORPORATION,)
a corporation of the State of
Delaware,

) NOTICE OF PROPOSED
ABANDONMENT

)
Debtor.

THOMAS J. O'NEILL, Trustee, has filed a Notice of Intention to abandon certain property described below as being of inconsequential value to the estate.

If any creditor or any other party in interest has an objection to the proposed abandonment, the objection and a request for a hearing on such objection shall be in writing, served upon the Trustee and filed with the Clerk of the United States Bankruptcy Court at U.S. Post Office & Court House Building, P. O. Box 557, Newark, New Jersey 07101.

Such objection and request shall be filed with the Clerk and served upon the Trustee no later than June 4, 1982.

In the event an objection is timely filed, a hearing thereon will be held on June 8, 1982 at 10 A.M., Courtroom #6, U.S. Post Office & Court House Building, Federal Square, Newark, New Jersey.

If no objection is filed with the Clerk and served upon the Trustee on or before June 4, 1982, the abandonment will take effect on June 8, 1982.

USEPA-PM 211A
OFFICE OF PUBLIC INQUIRIES
WASHINGTON, D.C. 20460

JUN 13 9 57 AM '82

		Debtor
Real and personal property located at 37-80 Review Avenue, Long Island City, New York	Fair market value \$535,000.00. Forced sale value \$428,000.	The Equitable Life Assurance Society of the United States \$110,000.00 -0-
		Portland Holding Corp. \$344,464.00 -0-

Additional information:

The subject property has been used for many years as a storage facility for waste oil and is improved with fuel storage tanks. Many of the tanks now hold waste oil which is contaminated. The Trustee has been advised that a substantial cleanup operation is required on the property, the cost of which probably would be in excess of the appraised value.

On or about March 18, 1982, the Clerk of the Bankruptcy Court issued a Notice to Creditors of Sale by public auction or abandonment of the subject property in Long Island City, New York, which Notice included the following statement:

The property is subject to a mortgage lien of the Equitable Life Assurance Society in the principal amount of \$90,000.00. If the Trustee does not receive an offer in excess of the amount of the lien of Equitable Life Assurance Society, the property will be abandoned by the Trustee.

The Notice set the date for the auction sale as April 5, 1982. No one appeared on April 5, 1982 in accordance with the Notice to bid for the property.

The Trustee did, however, receive a bid in the sum of \$3,000.00 from Greenpoint Oil Corporation to purchase the subject property free and clear of all liens except for the first mortgage of Equitable Life Assurance Society, the second mortgage of Portland Holding Corporation and certain mechanics'

Trustee that it had decided not to proceed with the purchase of the property and has requested that the Court vacate the Order approving the sale.

The Trustee presently is incurring costs to maintain security for the property. It is the opinion of the Trustee that the property is burdensome to the estate and of inconsequential value.

Requests for additional information about the property to be abandoned should be directed to Thomas J. O'Neill, Esq., 60 Park Place, Newark, New Jersey 07102 (201) 643-6300.

Dated: May 25, 1982

NOLAN, BELL & MOORE
Attorneys for Thomas J. O'Neill

By


WILLIAM F. MCENROE

DEC 10 1981

RCRA TRANSPORTER INSPECTION CHECKLIST

Transporter Name: QUANTA RESOURCES CORPORATION EPA I.D.: NYT 370010407Transporter Address: 37-80 REVIEW AVENUE Driver: _____
LONG ISLAND CITY, NEW YORK

- | | Yes | No |
|---|-----|-----|
| 1. Does the transporter have an EPA I.D. number? | (✓) | () |
| 2. Is the transporter carrying hazardous waste? | (✓) | () |
| 3. Does the transporter have a manifest? | (✓) | () |
| 4. Does the manifest show the following information: | | |
| a. Name, address, I.D. of generator | (✓) | () |
| b. Name, address, I.D. of transporter | (✓) | () |
| c. Name, address, I.D. of designated facility | (✓) | () |
| d. Name of alternative facility | () | (✓) |
| e. DOT waste description | (✓) | () |
| f. Quantity of waste—volume, weight, number of containers | (✓) | () |
| g. Signed certification statement | (✓) | () |
| 5. Does the manifest information confirm vehicle load? | (✓) | () |
| 6. Is the vehicle placarded for hazardous waste? | (✓) | () |

7. General comments:

QUANTA RESOURCES UNTIL APPROXIMATELY MIDDLE OF MAY
HAD BEEN USING THEIR EDGEWATER FACILITY VEHICLES TO TAKE WASTE OIL
FROM THE STORAGE FACILITY AT 37-80 REVIEW AVENUE. SINCE THAT
TIME, THEY HAVE USED A PRIVATE WASTE OIL HAULER TO HAUL WASTE OIL
FROM THIS SITE TO QUANTA RESOURCES CORPORATION SITE AT EDGEWATER.
THE PRIVATE WASTE OIL HAULER USED IS
25 & E WASTE OIL SERVICE INC, PO BOX 355, GREEN HAD NY.
WITHIN N.Y. STATE DEPARTMENT OF ENVIRONMENTAL
CONTRIBUTION - DIVISION OF SOLID WASTE MANAGEMENT
PERMIT NO. TA-070 FOR HAULING WASTE OIL

Inspected by: James J. KridanDate: July 22, 1981

RESPONDENT CONTACT RECORD (RCR)

FACILITY ID NUMBER NYT370010407		COMPANY NAME QUANTA RESOURCES.	
COMPANY ADDRESS		CITY Long Island City	STATE ABBREV. <input type="text"/> <input type="text"/> ZIP CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CONTACT PERSON'S NAME/TITLE Eugene Prashker		TELEPHONE NUMBER (INCLUDE AREA CODE) Edgewater → 201 941-2020	

CONTACT RECORD

DATE	CONTRACTOR'S INITIALS	ITEMS DISCUSSED/RESOLUTION
		SIC, lat/long
7/22	ap	will mail back - the
		Charles Jeffert called back - can be coded
		longitude 074 57 300
		latitude 40 44 300
		SIC code - 2911

QUANTA RESOURCES

MASTER SUMMARY

DECEMBER 1, 1982

MATERIALS REMOVED FROM QUANTA SITE

<u>WASTE STREAM</u>	<u>QUANTITY</u>
1. OIL - Recyclable, Combustible Liquid <50ppm	119,830 Gallons
2. OIL - Chlorinated, Combustible Liquid <50ppm	78,920 Gallons
3. PCB OIL (50-500ppm)	38,716 Gallons
4. PCB OIL (>500ppm)	1,163 Gallons
5. PCB SLUDGE (8000+ppm)	31 drums (1,705 Gallons)
6. PCB PUMPABLE SLUDGE (50-500ppm)	57,000 Gallons
7. PUMPABLE SLUDGE, (FLAMMABLE)	5,000 Gallons-(43,370 lbs.)
8. PCB-CONTAMINATED, SOLIDIFIED SLUDGE	430 Tons
9. CYANIDE SOLUTION	9,425 Gallons
10. NON-HAZARDOUS, SOLIDIFIED SLUDGE	886 Tons
11. PCB-CONTAMINATED, DIESEL FUEL (SOLVENT TRIPLE RINSE)	20 drums (1,100 Gallons)
12. WATER DISCHARGED CITY SEWER	166,469 Gallons

Atch 1

NEW YORK PLANT

TANK	CAPACITY	GAL'S PER INCH	GAL'S PER FOOT	TANK	CAPACITY	GAL'S PER INCH	GAL'S PER FOOT
COMP		-		55	SL 409E	27'5"	909
DUMP		-		56	"	40'10"	4,116
1A	C.C.Oil	27'5"	9729	57	"	41'2"	2,405
1		-		58	R.Oil	24	3394
2		-		59	SL 409E Fin	40'4"	5292
3		-		60	" "	40'7"	4,704
4		-		61	R.Oil	21	2264
5		-		62		-	
4A		-		63		-	
5A		-		64	SL 409E	41'2"	2,405
14	FUEL & SL 409E	2'5"	2746	101	"	-	-
15		-		102	"	2'10"	27,720
16	" "	2'4"	2823	103	C.C.Oil	10'2"	17,875
24		-		X1		-	
31		-		X2		-	
32		-		X3		-	
33		-		X4		-	
50	SL 409E Fin	40'7"	4704	X5		-	
51	" "	"	"	42JR		-	
52		-		42		-	
53	SL 409E	37'7"	11,760	44		-	
54	"	40'4"	5488			-	

COMMENTS: A.L.U. - Not in use
B.W.E. - Does not exist
A.W. - Unknown

W.L. - Not shown
B - Not shown

No Fuel

* HWF-ID	HWF-RCRA-PERMIT-STATUS	HWF-FAC-NAME

* NJD991291063	C	ALL COUNTY ENVIRONMENTAL SERVICE COR
* NJD011881174	S	C.R. WARNER, INC.
* NJD060802832	C	ENERGALL, INC.
* NJD980536577	S	FLOWEN OIL DELAWARE VALLEY, INC.
* NJD049860836	C	KIN-BUC INC.
* NJD084044064	S	LIONETTI OIL RECOVERY INC
* NJD053101085	S	MOBIL CHEMICAL/CHEMICAL COATINGS DIV
* NJD061843249	C	NATIONAL SMELTING OF NEW JERSEY INC
* NJD980649024	S	NOBLE OIL CO
* NJD000560094	S	OIL RECOVERY CO., INC
* NJD094960333	C	PRESTO, INCORPORATED
* NJD071454276	S	PRICKETTS INDUSTRIAL TANK CLEANING C
* NJD021045067	S	PURE STREAM INCORPORATED
* NJD000606442	S	QUANTA RESOURCES CORPORATION
* NJD045995693	S	REZULTZ INCORPORATED
* NJD054050703	C	SCIENTIFIC CHEMICAL PROCESSING INC.
* NJD070565403	C	SCIENTIFIC CHEMICAL PROCESSING, INC.
* NYD003933355	C	ACTIVE STEEL DRUM CO., INC.
**		
* NYD000632232	C	APPLIED ENVIRONMENTAL SERVICES
* NYD010779569	C	AUBURN PLASTICS INC
* NYD002109452	C	BUFFALO TIN PLATING
* NYD047648472	C	EDMOS CORPORATION
* NYD061949228	C	KOSAN INDUSTRIAL CORP.
* NYD013600259	C	MATTIACE PETROCHEMICAL COMPANY
* NYD052798261	C	NORTHEAST MARINE TERMINAL CO INC
* NYD096300561	C	ORBAN
* NYD980592562	C	QUANTA RESOURCES CORP
* NYD980592448	C	QUANTA RESOURCES CORPORATION
* NYD000824565	C	REITER DRUM & BARREL CO INC
* NYD990774184	C	THREE DIMENSIONAL CIRCUITS

QUANTA CLEANUP EPA ID # NYP000773002

WASTE STREAM	RAIL/TRUCK TANKER	VOLUME GALLONS	DATE SHIPPED	DISPOSAL DESTINATION	MANIFEST
1. OIL	LIRR WRNX20001	20,230	9/21/82	SCA CHICAGO	NY 1615752 ILL 0685227
2. OIL	LIRR WRNY20006	18,900	9/21/82	SCA CHICAGO	NY 1615986 ILL 0685226
3. OIL	LIRR SCUX86709	20,000	9/22/82	SCA CHICAGO	NY 1615761 ILL 0685230
4. OIL - C1	LIRR NATX21134	20,120	9/28/82	SCA CHICAGO	NY 1615896 ILL 0701508
5. OIL - C1	LIRR MONX40006	20,500	10/1/82	SCA CHICAGO	NY 1615905 ILL 0685228
6. OIL - C1	LIRR MONX40011	20,500	10/1/82	SCA CHICAGO	NY 1615914 ILL 0685229
7. OIL	LIRR NATX20161	20,100	10/4/82	SCA CHICAGO	NY 2300112 ILL 0701510
8. OIL	LIRR NATX21642	20,400	10/4/82	SCA CHICAGO	NY 2300121 ILL 0701509
9. OIL- C1	LIRR ACFX81086	17,800	10/5/82	SCA CHICAGO	NY 2300148 ILL 0701512
10. OIL	LIRR NATX21645	20,200	10/5/82	SCA CHICAGO	NY 2300139 ILL 0701511
11. SLUDGE PCB-CONT.	LIRR NATX21596	20,000	10/15/82	ENSCO ARK	AR-08480 NY 2967966
12. SLUDGE PCB-CONT.	LIRR NATX21632	20,000	10/15/82	ENSCO ARK	AR-08494 NY 2967975
13. SLUDGE PCB-CONT.	LIRR ACFY12086	20,000	10/15/82	ENSCO ARK	AR-08486 NY 2967741
14A SLUDGE FLAMMABLE	ROLLINS 1751	RETURNED	10/13/82	ROLLINS NJ	NY 2300184
15A SLUDGE FLAMMABLE	ROLLINS 7238	5,000	10/13/82	ROLLINS NJ	NY 1615968
14 OIL-PCB-CONT.	LIRR MONX40008	19,000	10/21/82	ROLLINS TX	TX 00527124 NY 2968002
15 OIL-PCB-CONT.	LIRR MONX40023	19,716	10/21/82	ROLLINS TX	TX 00527125 NY 2967714
16. OIL-PCB	ROLLINS 5232	1,600	10/22/82	ROLLINS TX	TX 00527126

Waste Stream	Transporter Tractor/Trailer #	Volume Cubic Yards	Date Shipped	Disposal Destination	Manifest
PCB-Contaminated Solidified Sludge	R&R Sanitation NJ XVW-8V/ NJ TZ-3605J	12	11/9/82	SCA Model City	NY-2300256
PCB-Contaminated Solidified Sludge	R&R Sanitation NJ XWX-53N/ NJ T66166	12	11/9/82	SCA MODEL City	NY-2300364
PCB-Contaminated Solidified Sludge	R&R Sanitation NJ XB-28FN/ NJ TN-888H	12	11/9/82	SCA Model City	NY-2300373
PCB-Contaminated Solidified Sludge	R&R Sanitation NJ XPU-90X/ NJ TY-775V	12	11/9/82	SCA Model City	NY-2300355
PCB-Contaminated Solidified Sludge	R&R Sanitation NJ XVC-87H/ NJ T2-4421	12	11/9/82	SCA Model City	NY-2300472
PCB-Contaminated Solidified Sludge	R&R Sanitation NJ XLK-41D/ NJ THO-777	12	11/9/82	SCA Model City	NY-2300445
PCB-Contaminated Solidified Sludge	R&R Sanitation NJ XTA-84R/ NJ 502-TFW	12	11/9/82	SCA Model City	NY-2300238
PCB-Contaminated Solidified Sludge	R&R Sanitation NJ XNX-29V/ NJ TS-867R	12	11/9/82	SCA Model City	NY-2300319
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. NY 8702-TV/ NY H-79392	12	11/9/82	SCA Model City	NY-2300382
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. NY 8716-TV/ NY H-79392	12	11/9/82	SCA Model City	NY-2300265
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. PA CZ-26962/ PA TG-72975	12	11/9/82	SCA Model City	NY-2300283
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. NY 5424 TX/ NY M-50316	12	11/9/82	SCA Model City	NY-2300292
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. PA CJ-42848/ PA TG-28166	12	11/9/82	SCA Model City	NY-2300301
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. PA CU-56074/ PA TG-94606	12	11/9/82	SCA Model City	NY-2300463

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Waste Stream	Transporter Tractor/Trailer #	Volume Cubic Yards	Date Shipped	Disposal Destination	Manifest
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. NY 8704-TU/ NY A-90186	12	11/9/82	SCA Model City	NY-2300274
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. PA CU-28243/ PA TF-12864	12	11/9/82	SCA Model City	NY-2300346
PCB-Contaminated Solidified Sludge	R&R Sanitation NJ XWX-53N/ NJ TN-888H	14	11/11/82	SCA Model City	NY-2300643
PCB-Contaminated Solidified Sludge	R&R Sanitation NJ XLK-41D/ NJ THO-777	14	11/11/82	SCA Model City	NY-2300103
PCB-Contaminated Solidified Sludge	R&R Sanitation NJ XNX-29V/ NJ TS-867R	14	11/11/82	SCA Model City	NY-2300652
PCB-Contaminated Solidified Sludge	R&R Sanitation NJ TY-775U/ NJ XPU-90X	14	11/11/82	SCA Model City	NY-2300661
PCB-Contaminated Solidified Sludge	R&R Sanitation NJ XUW-80V/ NJ TZ-360J	14	11/11/82	SCA Model City	NY-2300454
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp.. NY 8702-TV/ NY S-60165	14	11/11/82	SCA Model City	NY-2300508
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. Ohio 152-970/ Ohio 335-F13	14	11/11/82	SCA Model City	NY-2300418
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. PA CU-28245/ PA TF-12864	14	11/11/82	SCA Model City	NY-2300625
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. NY 5424-TX/ NY M-50316	14	11/11/82	SCA Model City	NY-2300517
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. NY 8704-TV/ NY A-90186	14	11/11/82	SCA Model City	NY-2300544
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. NY 5426-TX/ NY R-59793	14	11/11/82	SCA Model City	NY-2300553
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. NY 9790-TV/ NY M-54680	14	11/11/82	SCA Model City	NY-2300616
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. NY 8716-TV/ NY H-79392	14	11/11/82	SCA Model City	NY-2300677

-3-

Waste Stream	Transporter Tractor/Trailer #	Volume Cubic Yards*	Date Shipped	Disposal Destination	Manifest
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. NY 8694-TV/ NY A98284	14	11/11/82	SCA Model Sity	NY-2300634
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. NY 5431-TX/ NY S-60179	14	11/11/82	SCA Model City	NY-2300598
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. NY 1130-TW/ NY M-50491	14	11/11/82	SCA Model City	NY-2300589
PCB-Contaminated Solidified Sludge	Buffalo Fuel Corp. ONT. -XJ81 PA T6-94602	14	11/11/82	SCA Model City	NY-2300571
Cyanide Solution	R&R Sanitation NJ XWJ-40V/ NJ TX-9864	1,100 Gallons	11/10/82	SCA Newark, N.J.	NY-2300427
Cyanide Solution	R&R Sanitation NJ XMH-47C/ NJ TP-615D	5,000 Gallons	11/10/82	SCA Newark, N.J.	NY-2300436
Cyanide Solution	R&R Sanitation NJ XUC-84H	3,325 Gallons	11/10/82	SCA Newark, N.J.	NY-2300328
PCB SLUDGE (8000 + ppm)	S&J Transp. NJ XVV40J NJ659TFW	1,705 Gal. (31 drums)	12/01/82	ROLLINS Deer Park, TX	NY-2967534 TX-00552409
PCB-CONTAMINATED DIESEL FUEL (SOLVENT TRIPLE RINSE)	S&J NJ XVV40J NJ659TFW	1,100 Gal. (20 drums)	12/01/82	SEA-BRIGHT Wilder, Kentucky	NY-2967561 KY-#1

*Except where noted otherwise

See cover sheet
for instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

EASE TYPE

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 2300301

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NYD0090151943</i>
SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp.</i>		PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NYD0051809952</i>
SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i>			
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NYD0049836621</i>
SITE ADDRESS <i>1550 Balmer Road</i>		<i>Model City, New York 14107</i>	
THIS FORM IS NO. <i>1</i> OF A TOTAL OF <i>1</i> THE FIRST MANIFEST DOCUMENT NO. IS NY <i>2300301</i>			

To Be TYPED by Generator

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	TYPE	EPA HAZ CODE	EPA WASTE TYPE
1 <i>Polychlorinated Biphenyls</i> <i>PCB-contaminated,</i> <i>(Solidified Sludge)</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>2</i>	<i>1202</i>		<i>001</i>	<i>03</i>	<i>N/A</i>	<i>HA</i>
3									
4									
5									
6									

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 9716 License # PA CS-42848 Work Order # 77387**Trailer # 9025 License # PA TG-28166 Code # 3146A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11 09 82
Mo. Day Yr.

EXPECTED ARRIVAL DATE

11 10 82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE To the best of my knowledge the contents of the shipment I have accepted to transport conforms with the description on this manifest.

TRANSPORTER NO. 1
PERMIT NUMBER

74098

DATE RECEIVED

11 09 82
Mo. Day Yr.

COPY 1 Disposal State - Mailed by Generator

Tear at this Perforation

See cover sheet
instructions

PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230010 3

Part A:

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>	PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NYD040V59436</i>
SITE ADDRESS <i>37-80 Review Avenue, Long Island City, New York 11101</i>		
TRANSPORTER NO. 1 <i>R+R Sanitation</i>	PHONE <i>(201)-538-2082</i>	EPA ID NO. <i>NJ D0164265838</i>
SITE ADDRESS <i>Calais Road, Box 518, Mt. Freedom, New Jersey</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NYD049836679</i>
SITE ADDRESS <i>1550 Balmer Road, Model City, New York 14107</i>		
THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300103</u>		

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
<i>Polychlorinated Biphenyls (PCB-contaminated) Solidified sludge</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>04</i>	<i>114</i>	<i>02</i>	<i>001</i>	<i>03</i>	<i>NA</i>	<i>NA</i>
2									
3									
4									
5									
6									

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED):

Trailer # 79 License # NJ XLK-41D Work Order # 77491

Tractor # 623 License # NJ THO-777 Code # 3146-A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also	DATE SHIPPED <i>11/11/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i>	TRANSPORTER NO. 1 PERMIT NUMBER <i>JAD3111</i>	DATE RECEIVED <i>11/11/82</i> Mo. Day Yr.

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See cover sheet
for instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

LEASE TYPE

Part A:

DOCUMENT NO. NY 230023 8

GENERATOR NAME <i>New York City Department of Environmental Protection (212) 361-2424</i>	PHONE <i>(212) 361-2424</i>	EPA ID NO. <i>WY10071011594316</i>
SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i>		
TRANSPORTER NO. 1 <i>R+R Sanitation</i>	PHONE <i>(201)-895-2082</i>	<i>WJ10064265838</i>
SITE ADDRESS <i>Rd. # 4 Randolph, New Jersey</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(716)-754-8231</i>	<i>WY10049836679</i>
SITE ADDRESS <i>1550 Balmer Road Model City, NY 14107</i>		
THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300238</u>		

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	CONTAINERS TYPE	EPA HAZ CODE	EPA WASTE TYPE
1 <i>Polychlorinated Biphenyls (PCB-contaminated)</i>	<i>ORM-E</i>	<i>UN231504</i>		<i>1112</i>	<i>02</i>	<i>001</i>	<i>03</i>		
2 <i>Solidified Sludge</i>									
3									
4									
5									
6									

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 17 License # NJTAB84R Work Order # 77378

Tractor # 3 License # NJ502 TFW Code # 3146A BL # 44-301

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also	DATE SHIPPED <i>11/09/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i>	TRANSPORTER NO. 1 PERMIT NUMBER <i>091719</i>	DATE RECEIVED <i>11/09/82</i> Mo. Day Yr.

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STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230825 6

PLEASE TYPE

Part A:

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>	PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NY100491594316</i>
SITE ADDRESS <i>37-80 Review Avenue, Long Island City New York 11101</i>		
TRANSPORTER NO. 1 <i>R+R Sanitation</i>	PHONE <i>(201)-895-2082</i>	EPA ID NO. <i>NY100692658318</i>
SITE ADDRESS <i>Road # 4 Randolph, New Jersey</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NY1004983166179</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>		
THIS FORM IS NO. <i>1</i> OF A TOTAL OF <i>1</i> THE FIRST MANIFEST DOCUMENT NO. IS NY <i>231002516</i>		

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	TYPE	EPA HAZ CODE	EPA WASTE TYPE
<i>Polychlorinated Biphenyls (PCB-Contaminated) Solidified Sludge</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>01</i>	<i>112</i>	<i>02</i>	<i>001</i>	<i>03</i>		
3									
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # K5-1 License # NJ XUV-80V Work Order # 77384

Trailer # 28 License # NJ TZ-360J Code # 3146A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also	DATE SHIPPED <i>11/09/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the information on this manifest." <i>[Signature]</i>	TRANSPORTER NO. 1 PERMIT NUMBER <i>JA031111</i>	DATE RECEIVED <i>11/10/82</i> Mo. Day Yr.

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DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230026 5

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>	EPA ID. NO. <i>NY0090159436</i>
SITE ADDRESS <i>37-80 Review Avenue, Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp.</i>		PHONE <i>(800)-462-2121</i>	EPA ID. NO. <i>NY0051809952</i>
SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i>			
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>	EPA ID. NO. <i>NY0099836679</i>
SITE ADDRESS <i>1550 Balmer Road, Model City, New York 14107</i>			

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300265

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	TYPE	EPA HAZ CODE	EPA WASTE TYPE
<i>Poly chlorinated B: phenyls</i> <i>(PCB-contaminated)</i> <i>(Solidified Sludge)</i>	<i>ORM-E</i>	<i>UN 2315</i>	<i>2</i>	<i>112</i>	<i>02</i>	<i>001</i>	<i>03</i>		
3									
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 317 License *NY 8716-TV* Work Order # *77390**Trailer # 26* License *NY H-79392* Code # *3146 A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also		DATE SHIPPED <i>11 09 82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11 10 82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>Gamer Carley</i>		TRANSPORTER NO. 1 PERMIT NUMBER <i>9A09811</i>	DATE RECEIVED <i>11 09 82</i> Mo. Day Yr.

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Part A:

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230027

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NY1001Y1015943K</i>
SITE ADDRESS <i>37-80 Revere Avenue, Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp.</i>		PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NY100518099152</i>
SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i>			
TRANSPORTER NO. 2			
SITE ADDRESS			

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NY100498316679</i>
SITE ADDRESS <i>1550 Balmer Road</i>		<i>Model City New York 14107</i>	

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300274

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
<i>Polychlorinated Biphenyls (PCB-Contaminated, Solidified Sludge)</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>01</i>	<i>112</i>	<i>02</i>	<i>001</i>	<i>03</i>		
3									
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 316**License # NY 8704-TV**Work Order # 77385**Trailer # 25**License # NY 1-90186**Code # 3146 A*

GENERATOR'S CERTIFICATION This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also		DATE SHIPPED <i>11/09/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i>		TRANSPORTER NO. 1 PERMIT NUMBER <i>9A09181</i>	DATE RECEIVED <i>11/09/82</i> Mo. Day Yr.

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STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230028 3

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>	PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NY001040159436</i>
SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i>		
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i>	PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NY00051809952</i>
SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NY00049836679</i>
SITE ADDRESS <i>1550 Bolmer Road Model City, New York 14107</i>		

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300283

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
1 Polychlorinated Biphenyls (PCB-contaminated, Solidified Sludge)	ORM-E	UN2315	04	1202	02	001	03		
2									
3									
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5									
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 763-2 License # PA CZ-26962 Work Order # 77389

Trailer # 3415 License # PA TG-12975 Code # 3146A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also	DATE SHIPPED <i>11 09 82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11 10 82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE <i>[Signature]</i> To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest.	TRANSPORTER NO. 1 PERMIT NUMBER <i>PA098</i>	DATE RECEIVED <i>11 09 82</i> Mo. Day Yr.

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instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

PLEASE TYPE

Part A:

DOCUMENT NO. NY 230029 2

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NY 4001910159436</i>
SITE ADDRESS <i>37-80 Revere Avenue Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i>		PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NY 00518109952</i>
SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i>			
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NY 00498366779</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>			

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300292

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
<i>Polychlorinated Biphenyls</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>04</i>	<i>1</i>	<i>202</i>	<i>001</i>	<i>03</i>		
<i>PCB-Contaminated, Solidified Sludge</i>									

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor #6564 License #NY 5424-TX Work Order #77388**Trailer #6560 License #NY M-50316 Code #3146A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11/09/82
Mo. Day Yr.

EXPECTED ARRIVAL DATE

11/10/82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conform with the description on this manifest."

TRANSPORTER NO. 1
PERMIT NUMBER*9409811*

DATE RECEIVED

11/09/82
Mo. Day Yr.

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DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230031 9

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NYD04011594316</i>
SITE ADDRESS <i>37-80 Revere Avenue Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>R + R Sanitation</i>		PHONE	<i>NYJ0064265838</i>
SITE ADDRESS <i>Road # 4 Randolph, New Jersey</i>			
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>	<i>NYD049838679</i>
SITE ADDRESS <i>1550 Balmer Road</i>		<i>Model City, New York 14107</i>	
THIS FORM IS NO. <i>1</i> OF A TOTAL OF <i>1</i> THE FIRST MANIFEST DOCUMENT NO. IS NY <i>230031, 9</i>			

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
<i>Polychlorinated B. phenyls (PCB-contaminated, Solidified Sludge)</i>	<i>ORM-E</i>	<i>UN231502</i>		<i>12</i>	<i>oz</i>	<i>001</i>	<i>03</i>	<i>NA</i>	<i>NA</i>
2									
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 5 License # NJ XNX 29U Work Order # 77378**Trailer # 25 License # NJ TS-867R Code # 3146 A BL # 44-301*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11 09 82
Mo. Day Yr.

EXPECTED ARRIVAL DATE

11 10 82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 1
PERMIT NUMBER*B7450A*

DATE RECEIVED

11 10 82
Mo. Day Yr.

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Part A:

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230032 8

GENERATOR NAME <i>New York City Dept of Environmental Protection</i>	PHONE <i>(212) 361-2424</i>	EPA ID NO. <i>NY0040159436</i>
SITE ADDRESS <i>37-80 REVENUE AVENUE Long Island City, New York, 11101</i>		
TRANSPORTER NO. 1 <i>R & R Sanitation</i>	PHONE <i>(201) 538-2082</i>	EPA ID NO. <i>NY0064265838</i>
SITE ADDRESS <i>Calais Road, Box 518, Mt Freedom, New Jersey 07890</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(201) 465-9100</i>	EPA ID NO. <i>NY0089216790</i>
SITE ADDRESS <i>100 Lister Avenue Newark, New Jersey 07105</i>		

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS

NY 2300328

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
<i>Cyanide Solution NOS</i>	<i>Poison B</i>	<i>411935</i>	<i>01</i>	<i>3325</i>	<i>01</i>	<i>001</i>	<i>02</i>	<i>F</i>	<i>P030</i>
<i>(2nd Caustic Sodium Hydroxide)</i>									

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Truck # 34 License # NJ 81K-84H Work Order # 7002 N

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also	DATE SHIPPED <i>11/10/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i>	TRANSPORTER NO. 1 PERMIT NUMBER <i>5A031</i>	DATE RECEIVED <i>11/10/82</i> Mo. Day Yr.

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PLEASE TYPE

Part A:

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230034 6

GENERATOR NAME <i>New York City Dept of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>		EPA ID NO. <i>NY00046159436</i>					
SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i>									
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i>		PHONE <i>(800)-462-2121</i>		EPA ID NO. <i>NY00051809952</i>					
SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i>									
TRANSPORTER NO. 2		PHONE							
SITE ADDRESS									
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>		EPA ID NO. <i>NY00049836679</i>					
SITE ADDRESS <i>1550 Balmer Road</i>		<i>Model City, New York 14107</i>							
THIS FORM IS NO. <i>1</i> OF A TOTAL OF <i>1</i>		THE FIRST MANIFEST DOCUMENT NO. IS		NY <i>2300346</i>					
PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	TYPE	EPA HAZ CODE	EPA WASTE TYPE
<i>Polychlorinated B. phenyls (PCB-contaminated) Solidified Sludge</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>HA</i>	<i>112</i>	<i>02</i>	<i>001</i>	<i>03</i>		
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)									
<i>Tractor # 7 License # PA CU-28243 Work Order # 77379</i>									
<i>Trailer # 5 License # PATF-12864 Code # 3146 A</i>									
GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.									
GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also				DATE SHIPPED <i>11 09 82</i> Mo. Day Yr.		EXPECTED ARRIVAL DATE <i>11 10 82</i> Mo. Day Yr.			
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i>				TRANSPORTER NO. 1 PERMIT NUMBER <i>9409</i>		DATE RECEIVED <i>11 10 82</i> Mo. Day Yr.			

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See cover sheet
instructions

PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230035 5

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NY1001461594316</i>
SITE ADDRESS <i>37-80 Revere Avenue Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>R + R Sanitation</i>		PHONE <i>(201)-895-2082</i>	EPA ID NO. <i>WJD0614265838</i>
SITE ADDRESS <i>Road # 4 Randolph, New Jersey</i>			
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NY10049836679</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>			

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS

NY 230035 5

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	TYPE	EPA HAZ CODE	EPA WASTE TYPE
<i>Polychlorinated Biphenyls (PCB-contaminated) Solidified Sludge</i>	<i>ORM-R</i>	<i>UN2315</i>	<i>02</i>	<i>12</i>	<i>02</i>	<i>001</i>	<i>03</i>		
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 2**License # NJ XPU-90X**Work Order # 77381**Trailer # 2-A**License # NJ TY-775U**Code # 3146 A BL # 44301*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11/09/82
Mo. Day Yr.

EXPECTED ARRIVAL DATE

11/10/82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

Fred Weber

TRANSPORTER NO. 1 PERMIT NUMBER

454756

DATE RECEIVED

11/09/82
Mo. Day Yr.

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STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

PLEASE TYPE

Part A:

DOCUMENT NO. NY 230036 4

GENERATOR NAME <i>New York City Dept. of Environmental Resources</i>		PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NYD046139436</i>
SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>R+R Sanitation</i>		PHONE <i>(201)-895-2082</i>	EPA ID NO. <i>NJ0064265838</i>
SITE ADDRESS <i>Road #4 Randolph, New Jersey</i>			
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NYD049836679</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>			
THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300364</u>			

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PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	CONTAINERS TYPE	EPA HAZ CODE	EPA WASTE TYPE
1 Polychlorinated Biphenyls (PCB Contaminated) (Solidified Sludge)	ORM-E	UN2315	02	112	02	001	03		
3									
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor #1 License #NJ RWX-53N Work Order # 77383

Trailer #1-A License #NJ T66166 Code # 3146A Bl # 44-301

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also		DATE SHIPPED <i>11/09/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i>		TRANSPORTER NO. 1 PERMIT NUMBER <i>8-3745E4</i>	DATE RECEIVED <i>11/09/82</i> Mo. Day Yr.

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PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230037 3

GENERATOR NAME <i>New York City Dept of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NY10040V5891316</i>
SITE ADDRESS <i>37-80 Revere Avenue, Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>R+R Sanitation</i>		PHONE <i>(201)-895-2082</i>	EPA ID NO. <i>NY10064265838</i>
SITE ADDRESS <i>Road # 4 Randolph, New Jersey</i>			
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NY10049836679</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>			
THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300373</u>			

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
<i>Polychlorinated Biphenyls (PCB-contaminated, solidified sludge)</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>02</i>	<i>12</i>	<i>02</i>	<i>001</i>	<i>03</i>		
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 32 License # NJ XB-28FN Work Order # 77382**Tractor # 14 License # NJ TN-888H Code # 3146A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11 09 82
Mo. Day Yr.

EXPECTED ARRIVAL DATE

11 10 82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 1
PERMIT NUMBER*215123*

DATE RECEIVED

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Mo. Day Yr.

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STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230038 2

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NYD0042159436</i>
SITE ADDRESS <i>37-80 Revere Avenue Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp.</i>		PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NYD0051809952</i>
SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i>			
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NYD0049836670</i>
SITE ADDRESS <i>1550 Balmer Road</i>		<i>Model City New York 14107</i>	

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 230038 2

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	TYPE	EPA HAZ CODE	EPA WASTE TYPE
1 <i>Polychlorinated Biphenyls</i> <i>(PCB-contaminated, solidified sludge)</i>	<i>ORME</i>	<i>UN2315</i>	<i>HA</i>	<i>1202</i>		<i>001</i>	<i>03</i>		
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 315 License # NY 8702-TV Work Order # 77391

Trailer # 6565 License # NY H-79392 Code # 3146A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also	DATE SHIPPED <i>11 09 82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11 10 82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>Robert C. [Signature]</i>	TRANSPORTER NO. 1 PERMIT NUMBER <i>940981</i>	DATE RECEIVED <i>11 09 82</i> Mo. Day Yr.

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STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230041 8

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>	PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NYD040V5943K</i>
SITE ADDRESS <i>37-80 Review Avenue Long Island City New York</i>		
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i>	PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NYD051809956</i>
SITE ADDRESS <i>2445 Allen Avenue Niagara Falls New York</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NYD0049836678</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>		

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300418

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
1. Polychlorinated Biphenyls PCB Contaminated (Solidified Sludge)	ORM-E	UN2315	04	154	02	001	03	NA	NA
3									
4									
5									
6									

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 10-60 License # Ohio 152-970 Work Order # 77444

Trailer # 10-60A License # Ohio 335-F13 Code # 3146A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11/11/82
Mo. Day Yr.

EXPECTED ARRIVAL DATE

11/12/82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 1
PERMIT NUMBER

PA 098

DATE RECEIVED

11/11/82
Mo. Day Yr.

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KY.	N.J.	TENN.	ONT.

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PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 2300427

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>	PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NYD040159436</i>
SITE ADDRESS <i>37-80 Review Avenue Long Island City New York 11101</i>		
TRANSPORTER NO. 1 <i>R+R Sanitation</i>	PHONE <i></i>	EPA ID NO. <i>NYD064265838</i>
SITE ADDRESS <i>Cala's Road Box 518 Mt. Freedom New Jersey 07890</i>		
TRANSPORTER NO. 2 <i></i>	PHONE <i></i>	EPA ID NO. <i></i>
SITE ADDRESS <i></i>		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(201)-465-9100</i>	EPA ID NO. <i>NYD089216790</i>
SITE ADDRESS <i>100 Lister Avenue Newark, New Jersey 07105</i>		

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300427

	PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
							NO.	TYPE		
1	<i>Cyanide Solution NQS.</i>	<i>Poison B</i>	<i>UN1935</i>	<i>01</i>	<i>1000</i>	<i>01</i>	<i>001</i>	<i>02</i>	<i>E</i>	<i>P030</i>
2	<i>(In Caustic Sodium Hydroxide)</i>									
3										
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # R-1 License # NJ XWJ-40V Work order # - 7002 N

Trailer # 70 License # NJ TX-9864

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also	DATE SHIPPED <i>11/10/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i>	TRANSPORTER NO. 1 PERMIT NUMBER <i>TA03111</i>	DATE RECEIVED <i>11/10/82</i> Mo. Day Yr.

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PLEASE TYPE

Part A:

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230043 6

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NYD050158436</i>
SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>R + R Sanitation</i>		PHONE <i>(201)-538-2082</i>	EPA ID NO. <i>MTD064265838</i>
SITE ADDRESS <i>Calais Road Box 518 Mt. Freedom, New Jersey 07890</i>			
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(201)-465-9100</i>	EPA ID NO. <i>MTD089216790</i>
SITE ADDRESS <i>100 Lister Avenue Newark, New Jersey 07105</i>			
THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300436</u>			

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	TYPE	EPA HAZ CODE	EPA WASTE TYPE
<i>Cyanide Solution NOS</i>	<i>Poison B</i>	<i>UN1935</i>	<i>01</i>	<i>5000</i>	<i>01</i>	<i>001</i>	<i>02</i>	<i>E</i>	<i>P030</i>
<i>(In Caustic Sodium Hydroxide)</i>									

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 102 License # XMH-47C NJ Work Order # 7002 N

Trailer # 57 License # NJ TP-615D

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i>		DATE SHIPPED <i>11/10/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i>		TRANSPORTER NO. 1 PERMIT NUMBER <i>J4031</i>	DATE RECEIVED <i>11/10/82</i> Mo. Day Yr.

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STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230044 5

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>	PHONE <i>(212) 361-2424</i>	EPA ID NO. <i>NY40096159936</i>
SITE ADDRESS <i>37-80 Revere Avenue, Long Island City, New York 11101</i>		
TRANSPORTER NO. 1 <i>R & R Sanitation</i>	PHONE <i>(201) 895-2082</i>	<i>NY40064265838</i>
SITE ADDRESS <i>Road # 4 Randolph, New Jersey 07869</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(716) 754-8231</i>	<i>NY40049836679</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>		
THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300445</u>		

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	TYPE	EPA HAZ CODE	EPA WASTE TYPE
1 Polychlorinated Biphenyls (PCB-contaminated, solidified sludge)	ORM - E	UN2315	02	12	02	12	03		
2									
3									
4									
5									
6									

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 79 License # NJ X4K-410 Work Order # 77376

Trailer # 623 License # NJ THO-777 Code # 3146A BL # 44301

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also	DATE SHIPPED <i>11/09/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i>	TRANSPORTER NO. 1 PERMIT NUMBER <i>3088AQ</i>	DATE RECEIVED <i>11/09/82</i> Mo. Day Yr.

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STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230045 4

Part A:

GENERATOR NAME <i>New York City Dept of Environmental Protection</i>	PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NYD00410159436</i>
SITE ADDRESS <i>37-80 Revere Avenue, Long Island City, New York 11101</i>		
TRANSPORTER NO. 1 <i>R+R Sanitation</i>	PHONE <i>(201) 895-2082</i>	<i>NYD0064265838</i>
SITE ADDRESS <i>Road # 4 Randolph, New Jersey</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(716)-754-8231</i>	<i>NYD0049836679</i>
SITE ADDRESS <i>1550 Balmer Road, Model City, New York 14107</i>		
THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300454</u>		

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	TYPE	EPA HAZ CODE	EPA WASTE TYPE
<i>Polychlorinated Biphenyls (PCB-contaminated, Solidified Sludge)</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>02</i>	<i>1.4</i>	<i>02</i>	<i>001</i>	<i>03</i>	<i>NA</i>	<i>NA</i>
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # K 5-1**License # NJ XUV-80V**Work Order # 77431**Trailer # 28**License # NJ T2-360J Code # 3146A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11	11	82
Mo.	Day	Yr.

EXPECTED ARRIVAL DATE

11	12	82
Mo.	Day	Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 1 PERMIT NUMBER

JAd3111

DATE RECEIVED

11	11	82
Mo.	Day	Yr.

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See cover sheet
instructions

PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230046 3

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>	PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NY010410150436</i>
SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i>		
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp.</i>	PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NY0051809952</i>
SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NY0049836679</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>		

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300463

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
<i>Polychlorinated Biphenyls (PCB-contaminated, Solidified Sludge)</i>	<i>ORM-E</i>	<i>UN231502</i>		<i>1202</i>		<i>001</i>	<i>03</i>		
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 10-40 License # PA CU-56074 Work Order # 77386**Trailer # 10-40 A License # PA TG-94606 Code # 3146 A*

GENERATOR'S CERTIFICATION This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11 09 82
Mo. Day Yr.

EXPECTED ARRIVAL DATE

11 10 82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 1
PERMIT NUMBER*9A098*

DATE RECEIVED

11 19 82
Mo. Day Yr.

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To Be TYPED by Generator

48-14-1 (4/81)

See cover sheet
for instructions

PLEASE TYPE

Part A:

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230047 2

GENERATOR NAME <i>New York City Dept. of Environmental Protection (912)-361-2424</i>		PHONE	EPA ID NO. <i>NY000410159436</i>
SITE ADDRESS <i>37-80 Revere Avenue Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>R + R Sanitation</i>		PHONE	
SITE ADDRESS <i>Road # 4 Randolph, New Jersey (201)-895-2082</i>		<i>NY00064265838</i>	
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>	<i>NY000498366179</i>
SITE ADDRESS <i>1550 Balmer Road</i>		<i>Model City, New York 14107</i>	

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS

NY 2300472

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	TYPE	EPA HAZ CODE	EPA WASTE TYPE
<i>Polychlorinated Biphenyls (PCB-contaminated Solidified Sludge)</i>	<i>ORM-E</i>	<i>UN231504</i>		<i>12</i>	<i>02</i>	<i>001</i>	<i>03</i>		
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 36**License # NJ-XUC 87H**Work Order # 77380**Trailer # D-3**License # NJ T2-4421**Code # 3146A**BL # 44-301*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11/09/82

Mo. Day Yr.

EXPECTED ARRIVAL DATE

11/10/82

Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 1
PERMIT NUMBER*3745 CH*

DATE RECEIVED

11/09/82

Mo. Day Yr.

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See cover sheet
for instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230050 8

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>	PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NY 00401594316</i>
SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i>		
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i>	PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NY 0051809952</i>
SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SLA Services</i>	PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NY 0049830679</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>		
THIS FORM IS NO. <i>1</i> OF A TOTAL OF <i>1</i> THE FIRST MANIFEST DOCUMENT NO. IS NY <i>2300508</i>		

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
1 <i>Polychlorinated B. phenyls</i> <i>PCB - Contaminated</i> <i>(Solidified Sludge)</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>04</i>	<i>19</i>	<i>02</i>	<i>001</i>	<i>03</i>	<i>NA</i>	<i>NA</i>
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 315 *LEASE # NY 8702-TV* *Work Order # 77500**Trailer # 6565* *LEASE # NY 5-60105* *Code # 3146 A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also	DATE SHIPPED <i>11/11/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment have accepted for transport conforms with the description on this manifest." <i>[Signature]</i>	TRANSPORTER NO. 1 PERMIT NUMBER <i>94098</i>	DATE RECEIVED <i>11/11/82</i> Mo. Day Yr.

COPY 1 Disposal State—Mailed by Generator

Tear at this Perforation

ILL	MICH	PA	W. VA
IND.	MINN	R.I.	WISC

To Be TYPED by Generator

See cover sheet
for instructionSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

BASE TYPE

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230051 7

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NY10046158436</i>
SITE ADDRESS <i>37-80 REVIEW AVENUE</i>		<i>Long Island City, New York 11101</i>	
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i>		PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NY100518619952</i>
SITE ADDRESS <i>2445 ALLEN AVENUE</i>		<i>Niagara Falls New York</i>	
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NY10048830679</i>
SITE ADDRESS <i>1550 Balmer Road</i> <i>Mohawk City, New York 14107</i>			

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS

NY 230051/7

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
1. <i>Polychlorinated Biphenyls</i> <i>PcB-contaminated,</i> <i>(Solidified-Sludge)</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>04</i>	<i>14</i>	<i>02</i>	<i>001</i>	<i>03</i>	<i>HA</i>	<i>WA</i>
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 6564**License # NY 5424-TX**Work Order # 77439**Trailer # 6560**License # NY M-50316**Code # 3146-A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11	11	82
Mo.	Day	Yr.

EXPECTED ARRIVAL DATE

11	12	82
Mo.	Day	Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

*Jerry Archer*TRANSPORTER NO. 1
PERMIT NUMBER*9A098*

DATE RECEIVED

11	11	82
Mo.	Day	Yr.

COPY 1 Disposal State—Mailed by Generator

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IND.	MINN.	R.I.	WISC.
KY.	N.J.	TENN.	ONT.

To Be TYPED by Generator

See cover sheet
instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

PLEASE TYPE

Part A:

DOCUMENT NO. NY 230054 4

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NYD0401594316</i>
SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i>		PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NYD051809952</i>
SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i>			
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NYD049836678</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>			
THIS FORM IS NO. <i>1</i> OF A TOTAL OF <i>1</i> THE FIRST MANIFEST DOCUMENT NO. IS NY <i>2366599</i>			

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	TYPE	EPA HAZ CODE	EPA WASTE TYPE
<i>Polychlorinated Biphenyls (PCB-Contaminated) (Solidified Sludge)</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>04</i>	<i>19</i>	<i>02</i>	<i>001</i>	<i>03</i>	<i>NA</i>	<i>NA</i>
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 316 License # NY 8704-TV Work Order # 77438

Trailer # 25 License # NY A-90186 Code # 3146-A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also		DATE SHIPPED <i>11/11/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE <i>[Signature]</i> To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest.		TRANSPORTER NO. 1 PERMIT NUMBER <i>94098</i>	DATE RECEIVED <i>11/11/82</i> Mo. Day Yr.

COPY 1 Disposal State—Mailed by Generator

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IND.	MINN.	R.I.	WISC.
KY.	N.J.	TENN.	ONT.

To Be TYPED by Generator

See cover sheet
instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230055 3

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>	PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NYD0190V159Y36</i>
SITE ADDRESS <i>37-80 Review Avenue, Long Island City, New York 11101</i>		
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i>	PHONE <i>(800)-462-2121</i>	<i>NYD0511809952</i>
SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(716)-754-8231</i>	<i>NYD0099836679</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>		

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. ISNY 2300553

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
<i>Polychlorinated Biphenyls</i>	<i>ORME</i>	<i>UN2315</i>	<i>04</i>	<i>11</i>	<i>14</i>	<i>02</i>	<i>001</i>	<i>03</i>	<i>HA</i>
<i>(PLB - contaminated, Solidified Sludge)</i>									

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 6506 License # NY 5426-TX Work Order # 77437**Trailer # 6563 License # NY R-59793 Code # 3146-A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also	DATE SHIPPED <i>11 11 82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11 12 82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment have accepted for transport conforms with the description on this manifest." <i>[Signature]</i>	TRANSPORTER NO. 1 PERMIT NUMBER <i>940918</i>	DATE RECEIVED <i>11 11 82</i> Mo. Day Yr.

COPY 1 Disposal State-Mailed by Generator

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IND.	MINN.	R.I.	WISC.
KY.	N.J.	TENN.	ONT.

To Be TYPED by Generator

See cover sheet
for instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

EASE TYPE

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230057 1

Part A:

GENERATOR NAME <i>New York City Dept of Environmental Protection</i>	PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NY D049015943K</i>
SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i>		
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i>	PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NY D05180995E</i>
SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(716) 754-8231</i>	EPA ID NO. <i>NY D049836679</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>		

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300571

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
<i>Polychlorinated Biphenyls (PCB-contaminated) (Solidified Sludge)</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>04</i>	<i>14</i>	<i>02</i>	<i>001</i>	<i>03</i>	<i>18</i>	<i>HA</i>
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor #1675 License #ONT-X581 Work Order #77429**Trailer #1875 License #PA TG-94602 Code #3146-A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11/11/82
Mo. Day Yr.

EXPECTED ARRIVAL DATE

11/12/82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest.

TRANSPORTER NO. 1
PERMIT NUMBER*94098*

DATE RECEIVED

11/11/82
Mo. Day Yr.

COPY 1 Disposal State—Mailed by Generator

Tear at this Perforation

IND.	MINN.	R.I.	WISC.
KY.	N.J.	TENN.	ONT.

48-14-1 (4/81)

See cover sheet
Instructions

PLEASE TYPE

Part A:

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230058 9

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NY00401594316</i>
SITE ADDRESS <i>37-80 Revere Avenue Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i>		PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NY0051809952</i>
SITE ADDRESS <i>2445 Allen Avenue Niagara Falls New York</i>			
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NY00498306719</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>			
THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300589</u>			

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
2 Polychlorinated B-phenyls (PCB-contaminated, solidified sludge)	ORM-E	UN2315	04	14	02	001	03	NA	NA
3									
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED):

*Tractor #6560 License #NY 1130-TW Work Order #77430**Trailer #31 License #NY M-50491 Code #3146-A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also		DATE SHIPPED <i>11/11/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest. <i>[Signature]</i>		TRANSPORTER NO. 1 PERMIT NUMBER <i>94098</i>	DATE RECEIVED <i>11/11/82</i> Mo. Day Yr.

COPY 1 Disposal State—Mailed by Generator

Tear at this Perforation

DEL.	MASS.	OHIO	VA.
ILL.	MICH.	PA.	W. VA.

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See cover sheet

for instructions

PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230059 8

Part A:

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>	PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NY0004611584136</i>
SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i>		
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i>	PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NY000515109952</i>
SITE ADDRESS <i>2445 Allen Avenue Nissequogue Falls, New York</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NY00049836679</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>		
THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300598</u>		

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
<i>Polychlorinated Biphenyls</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>04</i>	<i>15</i>	<i>02</i>	<i>001</i>	<i>03</i>	<i>NA</i>	<i>AA</i>
<i>(PCB-contaminated, solidified sludge)</i>									

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 6561 License # NY 5431-TX Work Order # 77433**Trailer # 6564 License # NY 5-60179 Code # 3146-A*

GENERATOR'S CERTIFICATION: This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also	DATE SHIPPED <i>11/11/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>Brad Holland</i>	TRANSPORTER NO. 1 PERMIT NUMBER <i>94098</i>	DATE RECEIVED <i>11/11/82</i> Mo. Day Yr.

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instructions

PLEASE TYPE

Part A:

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 2300607

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NYD040159436</i>
SITE ADDRESS <i>37-80 Review Avenue, Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp.</i>		PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NYD051809952</i>
SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i>			
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NYD049836679</i>
SITE ADDRESS <i>1550 Balmer Road, Model City, New York 14107</i>			

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS

NY 2300607

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
<i>Polychlorinated Biphenyls</i> <i>(PCB-Contaminated, Solidified Sludge)</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>04</i>	<i>114</i>	<i>02</i>	<i>001</i>	<i>03</i>	<i>NA</i>	<i>NA</i>
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 317**License # NY 8716-TV**Work Order # 77435**Trailer # 26**License # NY H-79392**Code # 3146-A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11/11/82
Mo. Day Yr.

EXPECTED ARRIVAL DATE

11/12/82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest

TRANSPORTER NO. 1
PERMIT NUMBER*9A098*

DATE RECEIVED

11/11/82
Mo. Day Yr.

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Instructions

PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230061 6

Part A:

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>	PHONE <i>(212)-301-2424</i>	EPA ID NO. <i>NYD0040159436</i>
SITE ADDRESS <i>37-80 Revere Avenue, Long Island City, New York 11101</i>		
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i>	PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NYD051809952</i>
SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NYD0049836679</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>		
THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300616</u>		

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PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
<i>Polychlorinated B. phenyls</i> <i>(PCB-contaminated)</i> <i>2 (Solidified Sludge)</i>	<i>ORM-E</i>	<i>01231504</i>		<i>114</i>	<i>02</i>	<i>001</i>	<i>03</i>	<i>NA</i>	<i>NA</i>
3									
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # H1 License # NY 9790 TU Work Order # 77436**Trailer # H2 License # NY M-54680 Code # 3146-A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also	DATE SHIPPED <i>11/11/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/13/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i>	TRANSPORTER NO. 1 PERMIT NUMBER <i>9A098</i>	DATE RECEIVED <i>11/11/82</i> Mo. Day Yr.

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IND.	MINN.	R.I.	WISC.
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See cover sheet
instructions

PLEASE TYPE

Part A:

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230062 5

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NY D0040V519436</i>
SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i>		PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NY D0051809952</i>
SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i>			
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SLA Services</i>		PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NY D00498366719</i>
SITE ADDRESS <i>1550 Balmer Road Mott City, New York 14107</i>			

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS

NY 2300625

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
<i>Polychlorinated Biphenyls</i> <i>(PCB-contaminated, solidified sludge)</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>04</i>	<i>14</i>	<i>02</i>	<i>001</i>	<i>03</i>	<i>HA</i>	<i>HA</i>
2									
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor #7 License #PA CU-28245 Work Order #77443**Trailer #5 License #PA TF12864 Code #3146-A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also		DATE SHIPPED <i>11/11/82</i> Mo. Day Yr.		EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr.	
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i>		TRANSPORTER NO. 1 PERMIT NUMBER <i>9A098</i>		DATE RECEIVED <i>11/11/82</i> Mo. Day Yr.	

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See cover sheet
for instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230063

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>	PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NYD0410159436</i>
SITE ADDRESS <i>37-80 Revere Avenue, Long Island City, New York 11101</i>		
TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i>	PHONE <i>(800)-462-2121</i>	EPA ID NO. <i>NYD0518091952</i>
SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NYD049836679</i>
SITE ADDRESS <i>1550 Balmer Road, Model City, New York 14107</i>		
THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>230063</u>		

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	TYPE	EPA HAZ CODE	EPA WASTE TYPE
1. Polychlorinated Biphenyls (PCB-contaminated)	ORM-E	UN2315	04	114	02	001	03	NA	NA
2. Solidified Sludge									
3									
4									
5									
6									

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 314 License # NY 8694-TV Work Order # 77434

Trailer # 22 License # NY A98284 Code # 3146-A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also	DATE SHIPPED <i>11/11/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE <i>Timothy J. Holey</i> To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest.	TRANSPORTER NO. 1 PERMIT NUMBER <i>9A091811</i>	DATE RECEIVED <i>11/11/82</i> Mo. Day Yr.

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PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230064 3

GENERATOR NAME <i>New York City Dept. of Environmental Protection</i>	PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NYD090158436</i>
SITE ADDRESS <i>37-80 Revere Avenue Long Island City New York 11101</i>		
TRANSPORTER NO. 1 <i>R & R Sanitation</i>	PHONE <i>(201)-538-2082</i>	EPA ID NO. <i>NJD064265838</i>
SITE ADDRESS <i>Cake's Road, Box 518, Mt. Freedom New Jersey</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NYD049836679</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>		
THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300643</u>		

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	TYPE	EPA HAZ CODE	EPA WASTE TYPE
<i>Polychlorinated Biphenyls</i>	<i>ORM-E</i>	<i>UN231504</i>		<i>14</i>	<i>02</i>	<i>001</i>	<i>03</i>	<i>NA</i>	<i>NA</i>
<i>(PBB-contaminated)</i>									
<i>Solidified sludge</i>									

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 61 License # NJ XWX-53N Work Order # 77442

Trailer # 637 License # NJ TN-888H Code # 3146-A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also	DATE SHIPPED <i>11/11/82</i> Mo. Day Yr.	EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr.
TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i>	TRANSPORTER NO. 1 PERMIT NUMBER <i>JTA03111</i>	DATE RECEIVED <i>11/11/82</i> Mo. Day Yr.

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Year at this Perforation

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for instructions

PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230065 2

GENERATOR NAME <i>New York City Dept of Environmental Protection</i>	PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NY00410159436</i>
SITE ADDRESS <i>37-80 Review Avenue, Long Island City, New York 11101</i>		
TRANSPORTER NO. 1 <i>R+R Sanitation</i>	PHONE <i>(201)-538-2082</i>	EPA ID NO. <i>NJ0064265838</i>
SITE ADDRESS <i>Calais Road Box 518 Mt. Freedom, New Jersey</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>	PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NY0049836679</i>
SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i>		

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS

NY 2300652

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	TYPE	EPA HAZ CODE	EPA WASTE TYPE
1 Polychlorinated Biphenyls (PCB - Contaminated)	ORM-E	UN2315	04	114	02	001	03	NA	NA
2 Solidified Sludge									
3									
4									
5									
6									

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 5 License # NJ ANX-29V Work Order # 77440

Trailer # 25 License # NJ TS-867R Code # 3146-A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11/11/82
Mo. Day Yr.

EXPECTED ARRIVAL DATE

11/12/82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the condition on this manifest."

TRANSPORTER NO. 1
PERMIT NUMBER

JAD3111

DATE RECEIVED

11/11/82
Mo. Day Yr.

COPY 1 Disposal State-Mailed by Generator

Year at this Portation

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STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230066 1

Part A:

GENERATOR NAME <i>New York City Dept of Environmental Protection</i>		PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NJD0140159436</i>
SITE ADDRESS <i>37-80 Revere Avenue, Long Island City, New York 11101</i>			
TRANSPORTER NO. 1 <i>R & R Sanitation</i>		PHONE <i>(201)-538-2082</i>	EPA ID NO. <i>NJD0064265830</i>
SITE ADDRESS <i>Cala's Road, Box 518, Mt. Freedom, New Jersey</i>			
TRANSPORTER NO. 2		PHONE	
SITE ADDRESS			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i>		PHONE <i>(716)-754-8231</i>	EPA ID NO. <i>NYD0049836679</i>
SITE ADDRESS <i>1550 Balmer Road, Model City, New York 14107</i>			
THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS <u>NY 2300661</u>			

To Be TYPED by Generator

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
						NO.	TYPE		
1 Polychlorinated Biphenyls (PCB-contaminated solidified sludge)	ORM-E	UN2315	04	14	02	001	03	NA	NA
3									
4									
5									
6									

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Trailer #2-A License #TY-7254 Work Order #77432

Tractor #2 License #NJXPU-90X Code #3146-A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11/11/82
Mo. Day Yr.

EXPECTED ARRIVAL DATE

11/12/82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 1
PERMIT NUMBER

TA031

DATE RECEIVED

11/11/82
Mo. Day Yr.

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instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

Part A:

95011 ~~HAZARDOUS~~ WASTE MANIFEST

DOCUMENT NO.

GENERATOR NAME <i>New York City Dept of Environmental Protection</i>		PHONE <i>(212) 361-2424</i>
SITE ADDRESS <i>37-80 Borden Avenue Long Island City, New York 11101</i>		
TRANSPORTER NO. 1 <i>S-J Transportation</i>		PHONE <i>(609) 769-2741</i>
SITE ADDRESS <i>Box 91 Woodstown, New Jersey 08018</i>		
TRANSPORTER NO. 2		
SITE ADDRESS		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>Rollins Environmental Services, Inc</i>		PHONE <i>(513) 429-6001</i>
SITE ADDRESS <i>Box 609 Deer Park, Texas</i>		

THIS FORM IS NO. *1* OF A TOTAL OF *1* THE FIRST MANIFEST DOCUMENT NO. IS *NY 296 753 8*

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	TYPE	EPA HAZ CODE	EPA WASTE TYPE
<i>WASTE Polychlorinated Biphenyls</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>01</i>	<i>1700</i>	<i>01</i>	<i>031</i>	<i>01</i>	<i>NA</i>	<i>NA</i>
2									
3									
4									
5									
6									

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 1026**License # NJ XVV 405**Accompanying Texas Manifest # 00552409**Tractor # 1770**License # NJ G59 TFW*GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of ~~hazardous~~ waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

EXPECTED ARRIVAL DATE

TRANSPORTER NO. 1 SIGNATURE To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest

TRANSPORTER NO. 1 PERMIT NUMBER

DATE RECEIVED

COPY 1 Disposal State-Mailed by Generator

Keep at this Portation

To Be TYPED by Generator

48-14-2 (4/81)

See cover sheet
Instructions

PLEASE TYPE

Part A:

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION9501 ~~HAZARDOUS~~ WASTE MANIFEST

DOCUMENT NO. NY 296756 1

GENERATOR NAME <i>New York City Dept of Environmental Protection (212)-361-2424</i>	PHONE <i>(212)-361-2424</i>	EPA ID NO. <i>NY00090139936</i>
SITE ADDRESS <i>37-80 Reuben Avenue Long Island City, New York 11101</i>		
TRANSPORTER NO. 1 <i>S-S Transportation</i>	PHONE <i>(609)-769-2741</i>	EPA ID NO. <i>NJ0071629976</i>
SITE ADDRESS <i>Box 91 Woodstown, New Jersey 08048</i>		
TRANSPORTER NO. 2	PHONE	
SITE ADDRESS		

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SEA-BRIGHT Environmental Co</i>	PHONE <i>(513)-821-7604</i>	EPA ID NO. <i>KY0106076988</i>
SITE ADDRESS <i>106 North Street Wilder, Kentucky</i>		

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS

NY 296756 1

	PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
							NO.	TYPE		
2	<i>Polychlorinated Biphenyls contaminated Diesel Fuel</i>	<i>ORM-E</i>	<i>UN2315</i>	<i>01</i>	<i>1100</i>	<i>01</i>	<i>020</i>	<i>01</i>	<i>NA</i>	<i>NA</i>
3										
4										
5										
6										

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 1026 license # NJ XVU 40J**Accompanying Kentucky Manifest # 1**Trailer # 1770 license # NJ G59 TFW*GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of ~~hazardous~~ waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

12 01 82
Mo. Day Yr.

EXPECTED ARRIVAL DATE

12 02 82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 1
PERMIT NUMBER*NY 296756 1*

DATE RECEIVED

12 01 82
Mo. Day Yr.

COPY 1 Disposal State—Mailed by Generator

Tear at this perforation

To Be TYPED by Generator

New York State Department of Environmental Conservation
50 Wolf Road, Albany, New York 12233-

Frank J. P. I.
and appropriate
action
1/1/88



Thomas C. Jorling
Commissioner

1988 JUN 13 PM 4:31

PERMITS ADMINISTRATION
BRANCH

JAN 21 1988 ✓

NVD 980592612

Mr. Jeffrey A. Clock
Director
Environmental Affairs and Research
and Development
Central Hudson Gas & Electric Co.
294 South Ave.
Poughkeepsie, NY 12061-6878

✓ C1103=\$ done 6/14/88
✓ C119=3
✓ C1105=6
✓ C305=\$
✓ CMT9: DEC LTR
PAB
FIC

Dear Mr. Clock:

Re: Central Hudson Gas and Electric, Danskammer,
Certification of Closure of Hazardous Waste
Surface Impoundments and Container Storage Area

This letter confirms the receipt by this office the additional
information requested in the letter of August 18, 1987 by the Bureau of
Hazardous Waste Facility Operations.

Upon review of our records, it is deemed that all applicable
regulatory requirements for the closure of RCRA interim status portion of
this facility have been met. This approval ceases liability for regulatory
fees for the units referenced above.

The review of the drawings of the "E" basin, submitted by Central
Hudson Gas and Electric shows that the maximum water level indicated
allows for a free board of only 1.5 ft. The Department recommends that at
least 2 ft. free board be maintained whenever this surface impoundment is
put into operation. This will be a safe operating procedure since
Danskammer is located at the Hudson River Edge.

If you should have any questions, please contact Sitansu Ghosh at
(518) 457-9696 or Mariana Domiguez at (914) 761-6660.

Sincerely,

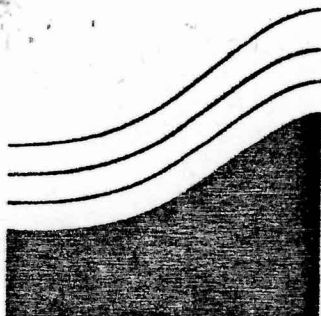
Paul R. Counterman

Paul R. Counterman, P.E.
Director

Bureau of Hazardous Facility Permitting
Division of Hazardous Substances Regulation

cc: E. Miles
J. Ferry
J. Middelkoop
J. Reidy

bcc: S. Ghosh
M. Domiguez
L. Whitbeck



CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF SCIENCE AND TECHNOLOGY

51 ASTOR PLACE, NEW YORK, N.Y. 10003

(212) 566-2717

JOSEPH T. McGOUGH, JR., Commissioner

EDWARD F. FERRAND, Assistant Commissioner

October 22, 1982

Richard A. Baker, PhD
Chief
Permits Administration Branch - Room 432
United States Environmental Protection Agency
26 Federal Plaza
New York, N.Y. 10278

SUBJECT: Follow up to issuance of EPA Emergency ID # NYP000773002, issued August 30, 1982. Reference EPA Region II Ltr Sep 14, 1982.

Dear Dr. Baker:

New York City requested activation of the Regional Response Team, (RRT) on May 11, 1982 to assemble USEPA, New York State Department of Environmental Conservation and other members of the RRT to discuss and initiate each agency's response to an immediate hazard suspected to exist at Quanta Resources. Quanta Resources located at 37-80 Review Avenue Long Island City, Queens, N.Y., is an abandoned waste oil facility containing over half a million gallons of waste oil, PCB oil, PCB contaminated oil and sludge and other unknown chemicals in 103 tanks. Bankrupt Quanta Resources' trustee abandoned the property by consent of the Bankruptcy Court on October 6, 1981.

Neither Federal nor State environmental agencies, after formal meetings and many discussions, agreed to perform an investigation and hazard assessment of the abandoned materials at Quanta Resources or develop an inactive hazardous waste site remedial plan. Similarly, no Federal or State agency agreed to provide security for this abandoned waste site.

In June, 1982, the New York City Department of Environmental Protection conducted a preliminary assessment of the facility to determine the immediate and significant risk of harm to human life and health of the New York City public. This preliminary assessment, including a site inventory, sampling and analysis program noted:

1. An estimated total of 530,000 gallons of liquid and sludge materials in over 90 separate tanks.

Attch 3

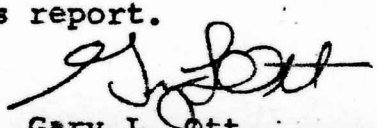
2. Several thousand gallons of PCB oil.
3. An estimated 100,000 gallons of PCB contaminated oil and sludge.
4. Open diked containment areas, separators, open drums, vats and metal tanks containing varying amounts of oil and chemical materials and rain water in deteriorating condition. Oil and contaminated water were leaking off site and into the soil.
5. Significant quantities of materials with low flash points, enough to pose a significant fire hazard.

On August 11, 1982, NYC DEP initiated a rigorous inventory, sampling and analysis investigation of the Quanta Resources Site. OH Materials, a hazardous waste contractor, was selected over 5 other contractors to perform this first stage of a total effort. OH Materials report dated Sept. 2, 1982 documents this complete investigation. On September 3, 1982 OH Materials was authorized to proceed with an immediate removal of the hazardous materials documented in their report. Completion of this immediate removal phase of the New York City Quanta project is projected by November 15, 1982.

As requested, a summary of the waste streams, transporters, and destination of hazardous materials removed from Quanta is attached for your information. (Materials treated on-site are not included in this report) This report includes all transporter and disposer permit numbers on copies of all applicable out-of-state manifests prepared by the City of New York at the Quanta Site. These documents and all other Quanta status reports have been available to any Federal or State agencies when they visited the Quanta site during the entire clean up effort. As a policy, New York City Department of Environmental Protection used only licensed haulers and disposal facilities for all hazardous waste response efforts.

Two categories of sludge remain at the Quanta Site for solidification for landfill disposal, an estimated 28,000 gallons of PCB contaminated sludge and an estimated 135,000 gallons of non-PCB contaminated sludge. Our initial plans are to bulk the solidified PCB contaminated sludge to the SCA Model City, NY, landfill. Similarly, solidified non-contaminated sludge will be bulked to the BFI landfill in Maryland once all applicable landfill forms have been completed. We will forward to you details of these shipments prior to mid-November 1982.

New York City's final report to the Chairman RRT on this emergency response will be forwarded in December 1982 in accordance with 40 CFR part 300.56. We will again include all the above details in this final report. Attachments to this report will also be the final report of our contractor, OH Materials, and of the consulting engineering firm, CH2M Hill, selected by the NYC Department of Environmental Protection to oversee the entire cleanup effort. Requirements for future Quanta site decontamination, extent of PCB soil contamination and future site remedial actions for New York State or Federal programs will be discussed in this report.

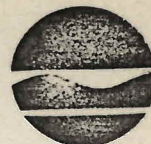

Gary L. Ott
OSC, NYC Representative RRT

RCRIS indicates that this facility has been referred to DEC's state superfund program. It is possible that this facility belongs to a group of 14 facilities that DEC decided to place under their state superfund program in a letter dated 10/06/87. Since the facility is not located on the current state superfund listing, it is possible that state superfund has fully remediated the site and since removed it from the state superfund registry. Any documentation that the state has produced regarding remedial and investigative activities at this facility should be requested from DEC. One discrepancy is the ID number. The last digit is different. There are only two Quanta sites in New York, however, so it is likely that one ID number is wrong and both RCRIS and the letter discuss the same site.

New York State Department of Environmental Conservation
50 Wolf Road, Albany, New York 12233-4017

1027 CC

OCT 6 1987



Thomas C. Jorling
Commissioner

Mr. George C. Meyer
Chief, Hazardous Waste Compliance Branch
U.S. Environmental Protection Agency
26 Federal Plaza
Region II Office
New York, NY 10278

Dear Mr. Meyer:

At our August CNAPS meeting, it was proposed that a method be developed for handling illegally closed RCRA facilities.

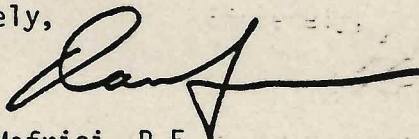
We propose to transfer facilities which are illegally closed and bankrupt or desolved with no forwarding address, to our inactive hazardous waste site program. By filing a Part A, the facility has indicated that hazardous waste was treated, stored, or disposed of on the property. This is sufficient to have a closed site listed as 2A on New York State's inactive hazardous waste site list. The classification indicates that hazardous waste were known to have been at the site but it is unknown as to whether there is present contamination. The following sites have been referred to the Division of Hazardous Waste Remediation:

1. Applied Environmental Services - NYD000632232
2. Edmas Corporation - NYD047648472
3. Three Dimensional Circuits - NYD099077418
4. Active Steel Drum - NYD003933355
5. Quanta Resources Corporation - NYD980592564
6. Quanta Resources Corporation - NYD980592448
7. Orban Industries - NYD096300561
8. Alpha Portland Cotisca Industries - NYD002225878
9. Mattice Petrochemical - NYD013600259
10. Kosan Industrial Corporation - NYD061949228
11. Reiter Drum & Barrel - NYD000824565
12. Auburn Plastics - NYD010779569
13. Buffalo Tin Plating - NYD002109452
14. Northeast Marine Terminal Company, Inc. - NYD052798261

The Division of Hazardous Waste Remediation can investigate these sites for possible contamination and, if found, search for potential responsible parties. We will inform them if any financial assurance for remediation is available, should it be needed at any of these sites.

It is important that we have a method of removing these facilities from RCRA listing as TSD facilities so that repetitive and unnecessary inspections can be avoided. It was suggested that your branch provide us with a CMEL coding, which would allow us to close out our cases against these facilities under RCRA and place the facilities in a separate, not to be inspected listing. Please let us know what this coding should be. Since the transfers are already in progress, the code is required as soon as possible. Mr. John L. Middelkoop, of my staff, is available to answer any questions on the procedures involved, and he may be contacted at (518) 457-0532.

Sincerely,



David Mafrici, P.E.
Chief
Bureau of Hazardous Waste Operations
Division of Hazardous Substances Regulation

RCRA/Data Quality
RCRA/NY



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 007 OCT 27 PM 12:59
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

OCT 26 1987

Mr. David Mafriaci, P.E.
Chief, Bureau of Hazardous Waste Operations
Division of Hazardous Substances Regulations
NYS Department of Environmental Conservation
50 Wolf Road
Albany, New York 12233-4017

Re: Classification for hazardous waste facilities that have become "Superfund" sites.

Dear Mr. Mafriaci:

As we had discussed during our August CNAP meeting, and in response to your letter dated October 16, 1987, this office is attempting to develop procedures for removing illegally closed facilities from the RCRA hazardous waste TSDF universe. This is a two-part problem: removing such facilities from the inspection universe and closing out cases against such facilities.

Your letter of October 6, 1987, in which you confirmed that facilities which are illegally closed and bankrupt or desolved can be referred to the Division of Hazardous Waste Remediation is encouraging in that a new TSDF status code of "C" has been proposed and is currently in the process of being defined and approved by our Headquarters; "C" will refer to any RCRA TSDFs that have been formally referred to the CERCLA program (or a CERCLA-equivalent State program) and where no further action will be pursued at the facility under either the RCRA program or a RCRA-equivalent State program. We expect that this new classification code for TSDF status will be approved and available for use in approximately four months. Facilities placed into this category would not be included in the inspection universe.

As in any case where the TSDF status code is to be modified, adequate documentation for the coding change must be provided. We propose to meet the documentation requirements with the following procedures for cases where the State refers a facility to their CERCLA-equivalent program:

- 1) This office must receive (1) formal documentation that the RCRA-equivalent State program has referred the facility to its CERCLA-equivalent program (e.g., a memorandum from the Division of Hazardous Substances Regulations which refers the matter to the Division of Hazardous Waste Remediation) and (2) a statement from the RCRA-equivalent State program (i.e., the Bureau of Hazardous Waste Operations) that the State does not intend to pursue any further actions against the facility under the RCRA-equivalent State program.
- 2) Assuming that this office agrees with the State's decision to remove the facility from the RCRA-equivalent State program, a letter would be sent to your office to indicate our concurrence with the State's decision and to indicate that we will also not pursue any further actions against the facility under the Federal RCRA program.

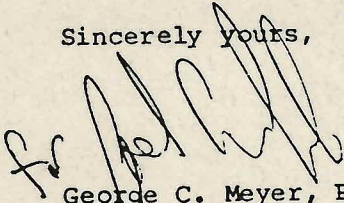
3) Copies of the three above-mentioned documents and a memorandum requesting the TSDF status be changed to "C" for the facility would then be sent by this office to the Permits Administration Branch, Office of Policy and Management, for processing the requested change into the Hazardous Waste Data Management System ("HWDMS").

In the interim, prior to the availability of the "C" category, this office will receive and acknowledge documentation required from the State as indicated in Steps 1 and 2. Once the "C" category is made available, we will complete Step 3 of the process as described above.

As for the second part of the problem, procedures for closing out cases in HWDMS against "C" category facilities will require further discussion with the Permits Administration Branch and, consequently, cannot be provided at this time.

Any questions or comments regarding the TSDF status code "C" or the development status of procedures for closing out cases in HWDMS should be directed to Susan Lin of my staff, and she may be contacted at (212) 264-5175.

Sincerely yours,



George C. Meyer, P.E.
Chief
Hazardous Waste Compliance Branch
Air and Waste Management Division

bcc: Laura Livingston (2OPM-PA)
Susan Lin (2AWM-HWC)
Ray Slizys (2AWM-HWC)